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THE 1986 DRUG BILL: ONE YEAR LATER

HEARING

BEFORE THE

CAUCUS ON
INTERNATIONAL NARCOTICS CONTROL

OF THE

UNITED STATES SENATE

ONE HUNDREDTH CONGRESS

FIRST SESSION

ON

THE 1986 DRUG BILL, WHAT IT HAS ACCOMPLISHED AND WHAT IT HAS FAILED TO ACCOMPLISH

DECEMBER 2, 1987

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SENATE CAUCUS ON INTERNATIONAL NARCOTICS CONTROL

[Created by Public Law 99-151]

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BOB GRAHAM, Florida	

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THE 1986 DRUG BILL: ONE YEAR LATER

WEDNESDAY, DECEMBER 2, 1987

U.S. Senate,
Caucus on International Narcotics Control,
Washington, DC.

The Caucus was convened, pursuant to notice, at 10:11 a.m., in room SD-226, Dirksen Senate Office Building, Hon. Joseph R. Biden, Jr. (chairman of the Caucus) presiding.

Also present: Senators D'Amato, DeConcini, Wilson, Graham, Dixon, and Murkowski.

OPENING STATEMENT OF SENATOR JOSEPH R. BIDEN, JR.

Senator **Biden**. The hearing will come to order.

A little more than a year ago, Congress passed and the President signed into law what was characterized then and, in fact, was the most comprehensive drug control legislation ever enacted, and that action was prompted, very bluntly, by several things.

First, it was an election year; and, second, there were two tragic deaths of national sports stars that served as a catalyst for a massive public outcry that something should be done.

Overnight, drugs became the hottest political subject in Washington, and just as quickly after the November election the drug issue began to fade. A year later the drug problem has not gone away, but it clearly has not received the profile that it had a year ago.

The American people, however, have not ignored the problem. They are skeptical. They are skeptical of short-term political solutions and wonder whether or not there is any long-term commitment on the part of the Congress and the President, or any administration, to deal with a problem they know is literally killing their children.

Their skepticism should not be surprising. They see their families and communities literally destroyed by the violence and the human misery that drug abuse spawns. At the same time, the American people hear their leaders of the Federal antidrug program consistently trumpeting impressive statistics.

They see television interviews where they show tables full of cocaine seized and busts that are made and individuals that are put in jail, all of which is positive, but not dispositive.

Unfortunately, the hard statistics tell a story different than the drug seizures in this so-called war on drugs. Unfortunately, the hard statistics are what the American people already know. Several reliable drug abuse indicators show a disturbing trend over the past 4 years.

Consider the number of emergency visits associated with drug abuse for each major category of illicit drugs, heroin, cocaine, and marijuana. The number of emergency room visits has risen drastically.

Or we can look at the price and purity of cocaine, the most seriously abused drug in America. The price of cocaine has dropped by 50 percent, while purity has almost doubled. As a result, cocaine abuse continues to soar, with a record number of children abusing cocaine every year. The conclusion is clear. The so-called war on drugs, as currently waged, is being lost.

In fairness, I should also point out what was pointed out by an administration witness who will be here today. The other thing we are finding is those drug abusers and cocaine abusers of 2 years and 1 year ago are now abusers of 4- and 5-year standing and their tolerance for the drug has increased, and therefore their consumption of the drug has increased, and therefore their visits to the emergency rooms have increased.

So I do not want to read too much into the statistic about increased hospitalization, increased deaths from overdose as being directly related to significant increases in consumption. But, nonetheless, it is disturbing.

Is the administration and/or the Congress to blame for our lack of success? Who is responsible and what should we be doing that we are not doing now? Is there a vacuum in leadership at the Federal level, and has this undermined the Federal struggle that we all say we want to wage?

Fewer than a 100 days after the President signed the 1986 drug bill, the President unveiled a budget, on the advice from the National Drug Policy Board, that cut almost $1 billion from the drug control budget, including $100 million from education, $225 million from State and local law enforcement, and $260 million from treatment.

The 1986 drug law also empowered the President to withhold aid from any country that did not cooperate with the United States on its drug initiatives. In 1986, worldwide drug production skyrocketed. Heroin, cocaine, and marijuana production jumped 25 to 40 percent, and despite these bumper crops, the President did not recommend withholding a single dollar of the more than $1.5 billion in foreign aid that we provide to major drug-producing countries.

I believe the administration has failed to develop a comprehensive, long-term drug control strategy, including explicit budget priorities, despite the fact that Congress required the National Drug Policy Board to do so almost 3 years ago.

Simply put, there is not enough Federal leadership in the struggle against drug abuse in America. Lofty rhetoric and high-profile news conferences are no substitute for an effective, long-term strategy to fight drugs.

I will not belabor the point here, but I will, in my capacity not as chairman of this group but as chairman of the Judiciary Committee, express my desire to see a national drug coordinator, but that is for another day and another fight.

We invited Attorney General Meese and the Secretary of Health and Human Services, Dr. Bowen, as Chairman and Vice Chairman of the National Drug Policy Board, to present the administration's views on what has been accomplished as a result of the 1986 drug bill and what remains to be done.

Neither Attorney General Meese, who has been notably busy at other hearings, nor Mr. Bowen were able to attend, and they may very well not have been able. They may have other more important or previously scheduled commitments, but I have had great difficulty even as chairman of the Judiciary Committee getting testimony on this issue from the Attorney General.

Unfortunately, the leaders of the Federal drug control program consistently have been unable to testify before the Congress. This year, the Attorney General has appeared only once before the Congress to speak solely on the drug issue. Mr. Bowen has never testified solely on the drug issue.

It should not be surprising that Congress and the American people have little confidence in the drug control program, notwithstanding the fact that we have complete confidence in the intentions of the administration.

I should note parenthetically that this administration has done more on the drug issue than any administration prior to it, and that is to their credit. But I should also point out that there seems to be a reluctance to tackle what are some of the serious institutional problems in dealing with coordinating the effort.

Despite the administration's lack of day-to-day leadership, from the top on the drug issue, many of us in Congress continue to believe that the drug abuse problem can be better addressed and are prepared to help the administration if they are willing to take some of the steps that are necessary, and that is why I have called this hearing.

Today, we are here to examine the 1986 drug bill, what it has accomplished and what it has failed to accomplish—and I think it has accomplished a good deal—and what additional steps we need to take to develop a coordinated, long-term, effective national strategy against drug abuse in America.

Any effective solution necessarily must involve a partnership between local, State, and Federal Governments to attack every facet of the problem, and the various facets are law enforcement, education, and treatment. By law enforcement, I mean interdiction as well as arrest and conviction.

Today, we have assembled nationally recognized experts at the State and local level, as well as a panel of Federal witnesses, to examine the Board policies that form the core of our national drug control strategy.

I am pleased to announce that in subsequent hearings, as cochairman of this Caucus, Senator D'Amato and I will be—there will be hearings that will be chaired by Senators DeConcini, Dixon, and Graham, with the able assistance of the co-chair, Senator D'Amato.

This Caucus will take a comprehensive look at each of the major drug control programs, the education portion, enforcement, and treatment. I am confident that this in-depth review over the next year will greatly assist the Senate, Congress, the administration, and the American people in seeking new and innovative solutions to the number one, in my view, domestic problem in this country.

So this is the start of what will be a series of hearings, and the people who are on this panel are on this panel because they have a deep-seated and long-term commitment to deal with this problem. No one on this panel is new to the issue, but that does not mean we are not open to new ideas because we understand that this is an awesome problem that has no single solution and that we are all feeling our way along as we go.

With that, let me conclude by saying that I thank the witnesses for being here today, and after the opening statements, if there are opening statements from my colleagues, we will move on to our first witness.

I yield to Senator D'Amato.

Senator D'AMATO. Mr. Chairman, first of all let me thank you for calling these hearings, and I think they are most important. They are most important, Mr. Chairman, because now it is 1 year since the President declared a national crusade against illegal drugs.

Instead of a crusade, we have a crisis; we have a crisis in confidence. We have educators saying, well, if you want to educate and prevent, then where is your commitment? On the one hand, you say we will start this crusade in education and prevention with a $200 million allocation to States and local governments, and then no sooner is the election over and the new budget out that we cut that to $100 million. Where is the crusade when we go from $225 million in local law enforcement assistance to zero? Is it rhetoric and politics?

I would have to suggest to you that the priorities of the people at OMB are absolutely distorted. I would have to suggest to you that the good men and women out in the trenches, the drug enforcement agencies, Mr. Chairman, the FBI, the U.S. prosecutors, the State and local coordinated efforts that have achieved incredible results, tremendous results, have got to be terribly hurt when the perception is out there, put out there by the Office of the President, via OMB, that here we are, a nation who says that this is one of our prime considerations, and yet we are zeroing out programs.

Emergency treatment funds—what an incredible, shocking debacle. This program started out with a 1-year funding level of about $160 million. It was then drawn into 2 years, but there is not one word said about 1989.

Now, it is one thing to just beat up on the Federal Government for its inadequacies, but sometimes we have got to look also at those who are charged with the responsibility of administering the funds that Senator DeConcini and the chairman and Senator Wilson and myself have been fighting to make available.

When we look at that area that relates to emergency drug treatment and assistance, I am sorry to say that in that case we have a situation where only 11.3 percent of the $162 million that is available for emergency drug treatment has been drawn down, only $18 million out of $162 million.

Well, where are the States and where are the local governments, and what about their shortcomings? I have to suggest to my own State that the record looks rather abysmal.

So at a time of increasing budget constraints, it is rather intolerable that the bureaucratic and the political in-fighting between the

States and the local mayors has precluded the release of this $160 million that has been available and has not been drawn down.

So I certainly look forward to today's hearings as an opportunity to attempt to galvanize a concerted effort not only on the Federal level, but I want to follow forth, Mr. Chairman and members of this Caucus, with finding out why it is, and how it is, that where we have treatment centers that have 2- and 3- and 4-month delays and lines and people and addicts waiting for treatment and rehabilitation, the States have not come forth, including the District of Columbia. Twenty of them, I have been told, have not drawn down one single penny.

There has been a very real failure to utilize the resources that we have committed to this war. There is a very poor understanding on the part of some in this administration, particularly in the office of OMB, as to the significance and the terrible signal they send out when they make minuscule cuts in terms of the totality of that budget in an area that cannot afford to have these cuts made.

I thank the Chairman for calling these hearings.

Senator DeConcini.

Senator DECONCINI. Thank you, Mr. Co-Chairman. I want to first thank Chairman Biden for calling these hearings of the International Narcotics Caucus, and also you, Senator D'Amato, for your hard work as the co-chairman; also, a special thanks to the dedicated professionals who have taken the time to attend the hearings today and testify in this very important area.

It gives me great pleasure to see the name of Don Skawski on the witness list. Don is the principal at Greenway Elementary School in Phoenix. The drug education program he personally crafted at Greenway back in 1980 is one of the most innovative and successful programs in the country.

In fact, the Department of Education highlighted Greenway Middle School in their publication known as "Schools Without Drugs." Don is someone all of us can admire, an individual dedicated to teaching our children the perils of drug abuse.

Because the Senate has not followed the lead of our colleagues in the House of Representatives by forming a select committee on narcotics, I believe this Caucus should not only concentrate on international narcotics control, but also devote time to the domestic drug abuse problem as well.

This hearing today demonstrates the commitment and concerns of the members of the Caucus to the war on drugs. The drug epidemic in this country was not solved with the signing of the Anti-Drug Abuse Act of 1986. It is a long-term problem that is going to take a long-term commitment.

We cannot authorize funding, equipment, and new programs in the drug bill and then abandon that commitment 1 year later and expect to see positive results. President Reagan's budget in 1988 slashed over $900 million in drug program funding. As the Senator from New York pointed out, it is perception.

I think it is important that we realize that with the recent stock market crash and with the budget summit just completed here, we are going to see continuous pressure on certain budgetary areas.

But I believe that this is one that can be sold and already is sold to the American public. We should not cut back in the enforcement or the prevention or the rehabilitation part of the drug enforcement area. I am prepared to stand up to my constituents and say this is a priority.

The National Institute for Drug Abuse study has released a report that showed the drug abuse epidemic in the United States worsening. The NIDA found that in Washington, D.C., among all defendants charged with a major criminal offense, the number of adults testing positive for cocaine use more than tripled from 14 percent in March 1984 to nearly 50 percent in April 1987.

In Phoenix, Arizona, cocaine emergency room episodes rose 163 percent over the last 6 months. In San Antonio, Texas, 1987 cocaine arrests were 300 percent above the numbers reported through April 1986.

The U.S. Customs Service, this country's lead agency on the interdiction side, seized over 67,000 pounds of cocaine in fiscal year 1987. That figure does not even include the largest seizure made, 8,000 pounds, 2 weeks ago at Port Everglades.

The Drug Enforcement Administration has had tremendous success with some of its seizures and its efforts and its taking down property belonging to drug dealers. Indeed, it is important for the record to show, Mr. Chairman, that there has been some very positive movement in the area of enforcement and interdiction.

Probably more than anything that I have witnessed is the cooperative effort between these agencies, a feeling that we are in this thing together, a partnership is necessary, and this is now spilling over into the State agencies, which I think is a good omen that we can have some success here.

The statistics speak for themselves. The U.S. drug abuse problem is going to worsen, I believe, before it gets better. We need to increase our efforts in drug education, prevention, treatment, and enforcement, and it is doable, I believe, in this Congress and with the leadership of the administration.

Mr. Chairman, thank you.

Senator D'AMATO. Well, Senator DeConcini, let me thank you for your untiring efforts not only in this Caucus but on the Judiciary and Appropriations Committees, because without those efforts I think we would be behind substantially where we are today, particularly with the Customs Service and the interdiction efforts and the efforts at our borders.

Our first witness is from the U.S. Conference of Mayors, the Honorable Richard Berkley, Mayor of Kansas City, Missouri, and President of the U.S. Conference of Mayors.

Mayor Berkley.

STATEMENT OF RICHARD L. BERKLEY, MAYOR, KANSAS CITY, MO, AND PRESIDENT, U.S. CONFERENCE OF MAYORS, ACCOMPANIED BY LAURA WAXMAN, ASSISTANT EXECUTIVE DIRECTOR, U.S. CONFERENCE OF MAYORS, AND PAT MURPHY, DIRECTOR, POLICE POLICY BOARD, U.S. CONFERENCE OF MAYORS

Mayor BERKLEY. Thank you. Senator Biden, Senator D'Amato, Senator DeConcini, and Senator Wilson, I am Dick Berkley, mayor of Kansas City, Missouri, and President of the U.S. Conference of Mayors. I am here this morning to give you a progress report on the fight against drugs in our cities, a report based upon a 42-city survey recently conducted by the Conference of Mayors.

I am accompanied by Laura Waxman, who is the Assistant Executive Director of the U.S. Conference of Mayors, and Pat Murphy, Director, U.S. Conference of Mayors Police Policy Board. Pat, as you may know, is the former police commissioner of New York City, Detroit, Washington, D.C., and Syracuse.

It is a distinct privilege to appear before you this morning because of your unwavering commitment to the principle that our national government must recognize and carry out its critical role in the nation's fight against illegal drugs.

This hearing to assess the status of our country's war on drugs is particularly timely, coming just 13 months after that war was declared in the way that all wars must be declared, by an act of Congress.

The mayors of America's cities, led by the co-chairmen of our task force, Ed Koch of New York, and Maureen O'Connor of San Diego, are fighting a war against illegal drugs, against the misery and hardship they elicit, and, frankly, I think we are losing.

In 1984, more than 100 tons of cocaine were consumed by our citizens. By 1986, cocaine consumption had increased by nearly 50 percent. Police departments in our cities are making tens of thousands of arrests involving cocaine, heroin, marijuana, and other controlled substances each year.

The cost to our cities is frankly staggering, and every citizen is paying. A high percentage of police time is spent on drug-related crime. Our courts and jails are clogged with drug-related cases; our health facilities cannot handle the treatment needs of drug users; our schools cannot control the sale of drugs to students of any age.

The cities have been doing everything possible to reduce the demand for drugs and the supply of drugs, but it has not been enough. Local resources cannot begin to do this job. Just over a year ago on October 27, 1986, the Anti-Drug Abuse Act of 1986 was signed into law. Mayors across the country welcomed the Federal Government as an ally in this war.

We had worked hard to get a national anti-drug bill, as had many others, that would really make a difference, one that would attack both supply and demand through comprehensive enforcement, education, and treatment efforts.

The funding that Congress finally approved last year was welcomed, but represented a compromise. We called for much more; many in Congress supported more. Everyone knew that it would take more to have any effect on the problem, but we got enough to get started; $687 million was appropriated for fiscal year 1987 to help State and local governments respond to the enormous need for better drug enforcement, education, and treatment.

But one year later, cities have seen only a small fraction of that desperately needed funding. To determine what happened to the Federal role in our cities' war on drugs, the Conference of Mayors surveyed 82 major cities across the Nation, cities whose mayors are members of the Conference of Mayors Executive Committee, Advisory Board, and Task Force on Drug Control.

In brief, what we learned in this report about illicit drug problems in the survey cities were as follows. An average of 14 percent of the total arrests made in these cities last year were for drug violations; one-third of those drug arrests were made by police narcotics units. These figures, of course, do not include arrests for crimes in which drugs or drug use played an indirect role, and we estimate that to be well over 50 percent.

While narcotics units account for 3 percent of the police departments' total budgets, police officials estimate that 8 percent of their budgets are actually spent on drug violations. But, in fact, as I stated, drugs are, in fact, a factor in a majority of crimes committed.

In our survey cities, cocaine is most frequently involved in drug-related arrests, then marijuana, then heroin. There is a waiting list for drug treatment facilities in more than three out of four of our cities responding to the survey, and the average wait in these cities is 7 weeks.

This is what we learned about the Anti-Drug Abuse Act 1 year after its enactment. Fourteen of our 42 survey cities were aware of Federal funding commitments for local drug education programs, but only five of these cities have actually received any education funds.

Eleven of our 42 survey cities were aware of commitments for funding drug treatment programs, but again only six of these had actually received treatment funds. Fourteen of our 42 cities were aware of commitments or grants to aid drug enforcement programs. Washington, D.C., however, performing both State and local functions, is the only city to actually have received enforcement funds.

Finally, this is what we learned about how the anti-drug law has been operating. Eleven of our survey cities have been involved in the State planning process for drug education. Eight were involved in State planning for drug treatment and 18 were involved in State planning for drug enforcement.

States were given good marks for their handling of the education grants under the Anti-Drug Abuse Act by 20 percent of the cities, bad marks by 60 percent. They were given good marks for their handling of the drug treatment block grant by 28 percent of the cities, bad marks by 40 percent. And they were given good marks for their handling of drug enforcement grants by 29 percent of the cities, bad marks by 46 percent.

Officials in two out of three of our responding cities said that the grant system established by the Anti-Drug Act, primarily the State block grant system, has not been responsive to their city's needs.

Few of the survey cities received commitments for anti-drug funding. Fewer still actually received any funding and, as I mentioned earlier, the funds that have made their way down to our cities represent a very small percentage of the funds that the Congress wisely made available to us a full year ago.

The five cities with education grants received a total of $1 million, one-half of 1 percent of the funding available for education. The six cities with treatment grants received a total of $400,000, less than two-tenths of 1 percent of the funding available for treatment.

Washington, DC, received $800,000 in enforcement funds, and it was the only city to have received such funds. This is less than four-tenths of 1 percent of the funding available for enforcement.

Just over 1 year after the war on drugs was officially declared here in Washington, we are frustrated with the bureaucracy and we are disheartened by the lack of support we are receiving.

The drug problem is in the streets, the schools, the playgrounds of our cities, and the hand-to-hand combat in the cities. We assert that the funding the Federal Government is willing to provide, however limited, must be allowed to come directly to the cities, directly to the problem, not through a bureaucratic tangle which is a combination of Federal and State checkpoints.

A year later, the inadequacy of the anti-drug funding must be acknowledged by both the administration and Congress, and by the States. It is enough for children to just say no to drugs. We all must say yes to appropriations that are needed to fight and win this war; $687 million was appropriated last year for local anti-drug education, treatment, and enforcement efforts. Last January, the President's budget requested just $100 million for education grants this year and no additional funding for either treatment or enforcement.

While Congress will probably provide approximately 1987 levels for education and treatment programs, enforcement is only to be funded at $75 million, a two-thirds cut below the 1987 appropriation.

Our survey suggests that America has lost its first battle in the war on drugs really by default. We hope that you will use it as an intelligence report. I submit that it instructs us to do three things.

First, we must get the money that is now stuck in the pipelines out to the cities where it can be used to wage this war. Second, we must change the system. We must amend the act so that funds can flow directly to the cities where they are so desperately needed. Finally, we ask that Washington commit sufficient resources in 1988 and the years ahead to help us win this war.

We appreciate very much what you have done. We think the law last year was a major step forward. We think it was very, very significant, but we feel that it needs to be pursued so that, in fact, that money gets through the State governments and gets to the cities, and that in the future, hopefully, a significant portion of those dollars will, in fact, go directly to the cities that really need that money desperately.

I thank you very much and we will be glad to answer any questions that you have.

Senator **GRAHAM**. Thank you very much, Mr. Mayor. Unfortunately, we are in the midst of a roll call vote and the other members of the Caucus are voting, including our chairman. Awaiting their return, I have some questions which I would like to ask, and also the chairman has some prepared questions to expand on some of your remarks.

As a former Governor, I am particularly interested in the issue of the State-local relationship and your comments as to the desire to have more of the funds go directly to cities and not through a State intermediary.

Could you elucidate on what have been some of the problems that have been experienced by cities in the State administration of these grants?

Mayor **Berkley**. Well, I think the problem, basically, is that we are going through two levels of criteria, both the federal government and then the State government. That has taken a considerable length of time and I think that is the real problem we see.

We do not have any problem with a fair amount of money going to the State governments, but at the same time we think that there should be, as there has been under community development block grants and other means, direct funding to particularly the larger urban areas because the need is there; there is no doubt about it. The timing is extremely important and we just think that it would be beneficial all the way around.

Senator **Graham**. Our chairman has returned, and in deference to his leadership, seniority and his seat, I will return.

Senator **Biden**. Worry about only the last one. [Laughter.]

Please keep going. I worry about DeConcini; he is coming back, too. You go ahead with what you were doing. Do not let me interrupt; keep going if you want to.

Senator **Graham**. This issue of dual criteria for allocation, are there aspects of this that are peculiar to this program as distinct from other programs in which States operate as an intermediary?

Mayor **Berkley**. Not necessarily, except for two things. One, in particular, is the time element. In other words, we have seen it operate much quicker and more expeditiously in other programs, and for some reason, whether it is has been a more complex issue because it is in three parts, it has just taken a much longer period of time when it has gone through the State government.

Second, I think that in many instances there are programs that just should be set up so that they go directly to the larger urban areas rather than having to have the give-and-take through the State government. I think, as I said, they should be involved. Obviously, some of the funds should go to the State government, but I do think that some should go directly to the urban areas.

Senator **Graham**. What is your assessment of those responsibilities which were placed directly with the Federal Government, such as border protection-related activities under the 1986 act? Do you have an evaluation of how effectively those have been carried out?

Mayor **Berkley**. Well, there has been some progress made, but we are a long way from where we need to be. There were figures that were—and I will ask Pat to comment on this in a minute, but there have been figures over recent years that in the area of 10 percent of the drugs that have been targeted at the United States have been stopped.

There have been some figures recently that perhaps 16 percent of those drugs have been stopped. That is progress, but at the same time it just is not getting the job done when 84 percent of the drugs are getting through and adversely affecting the lives of individuals and communities and neighborhoods across this country.

So we compliment the efforts that are being made, but they are far, far short of what has to be done.

Pat, do you want to——

Mr. **Murphy**. Thank you, Mr. Mayor. I think the attitude of many police chiefs, especially in the larger cities where the drug problem is most serious, is one of frustration. If 80 percent or more of what is coming out of those foreign countries is getting through, it is extremely difficult for them at the lower levels of the drug trafficking apparatus to deal with the problem on the street level.

Senator **Graham**. The 1986 act covered a variety of functions—prevention, education, enforcement. Do you have any comments as to the relative mix of emphasis and resources as among the aspects of a comprehensive drug program?

Mayor **Berkley**. Well, I think the blending of the three basic segments is very, very important, and I think, frankly, all of you acted very wisely in that. I think it was a balance between the three. I think all three are important.

I realize there are individuals that may feel we should do everything possible to keep the drugs from coming in, others that have the philosophy that the only way you are going to stop it is to reduce the demand through education.

All three fronts need to be strongly pursued, whether it be enforcement or treatment or education. I do feel that it is unfortunate that there is an anticipated significant reduction in the enforcement aspect of it.

I have to say also in Kansas City and in a number of cities we are seeing greater amounts going into education, not only from the governmental sector but from the private sector as well, and I think that is important to encourage.

I do see elements of a public-private partnership here in that aspect of it that can be emphasized even more than it has been. There are some excellent education programs and we are seeing that develop more and more.

Senator **Graham**. Thank you, Mr. Chairman.

Senator **Biden**. Thank you.

Mr. Mayor, thank you very much for coming.

Mayor **Berkley**. Thank you.

Senator **Biden**. And I want to thank the mayors, quite frankly, for leading the way in this. You all are the only ones who kept this thing alive this year. I am serious. At your national conference, it was one of the major——

Mayor **Berkley**. We appreciate your being there, Senator.

Senator **Biden** [continuing]. Pieces of concern that you pushed. Let me be real blunt, if I may, as the Commissioner well knows I have a tendency to be. Not speaking for yourself, although you can—I am not asking you this in your capacity as mayor, but in your capacity as the leader of the mayors—what do you think your colleagues think of the Federal commitment to deal with drug abuse?

Mayor **Berkley**. You mean whether it is an adequate level or not?

Senator **Biden**. Whether it is adequate, whether it is real, whether there is cooperation. When you all get off the dias and you are sitting there in your hotel rooms or hotel suites comparing notes with one another, which you do, and when you are flying off together from the airport and when you get together, what do you say about us? What do you say about the administration?

Mayor **Berkley**. Well, it is really a mixture of feelings. First of all, we felt very good about the passage of the legislation last year. We thought that showed a real, I might say, bipartisan, cohesive recognition of a major, major problem in this country.

Many of us felt that perhaps the funding level should be higher than it was, but at the same time it was significant and it was an excellent start. In the interim, we have expressed, as I said, and Pat, some degree of frustration, and that is not with any individual or any body of government. It is with the system to some extent because of the complexity of it, the fact that it has gone through two levels of government, the Federal and the State.

And I think there has been a feeling that there has not been as strong a push at either the Federal or the State level to make sure that those funds got distributed so that, in fact, there was an impact on the drug problem.

I think we feel that there is a sincere effort. We may feel disappointment from time to time that there is not the level of involvement that we would like to see, but at the same time I think people feel that it is of growing recognition as a high priority, that it is extremely important.

As more and more evidence comes in of how damaging it is to individuals' lives, to their families, to their neighborhoods, to the entire concern that people have in this country about the safety of their communities, they are recognizing that a dramatic portion of that is brought on by drugs.

Consequently, we have to work together at all three levels of government to make sure it is really dealt with, and I do not think that working together has been quite as effective, nearly as effective as it ought to be.

Senator **Biden**. Alan, did you want to make a statement before you leave?

Senator **Dixon**. No. I have got another commitment at 11, Mr. Chairman. I am just going to put a statement in the record.

Senator **Biden**. When we had our side bars after the formalities of the mayor's conference were over—and it did not seem to have any bounds; it did not matter whether I was speaking to a Republican mayor or a mayor who was a Democrat.

There was a sense of resentment that we at the Federal level had highlighted this problem again; that we had talked about what has to be done in this war, but you all were left holding the bag.

Mayor **Berkley**. Right.

Senator **Biden**. And I found—and you know much better than I, and maybe things have changed in 4 months—that there was a feeling that you had been shortchanged; that your constituency had been led to believe that there was significant help coming from the Federal Government that was going to be available to you as a tool, and then that help was not forthcoming to the degree that we had advertised it.

There was a miss between the cup and the lip. Folks were looking at you and saying, well, you have the money. You know, I turned on the television and they said that this was going to happen, and you are the guy as the mayor who is sitting there saying, well, it did not come.

Am I mistaken in that?

Mayor Berkley. No. I think you have summarized it very well, Senator. That is exactly what has happened, and it is not that we will not eventually get a significant amount of money, but it is this time delay that has been extremely frustrating.

And it is combined, I might say, at the same time—and we are not being critical of it, but at the same time that the revenue sharing has been eliminated from our budgets, community development block grants have been shaved. Consequently, at the local level our city budgets are very, very much under pressure.

I have got to say next year's budget for our community, and I am sure it is true in most every city across the country, will be the tightest one, the most difficult one that I have dealt with, and I have been involved for 18 years.

Senator Biden. I admire you all. Heck, I would rather run for President again than be mayor, and that is saying something in my case. [Laughter.]

Let me ask you two more questions. As you well know, to your great chagrin, it is estimated that 25 percent of all AIDS victims are intravenous drug users. Of the local monies that have been made available, have any of them been targeted on the IV drug users to try to doubleup on this concern; that is, drug busting as well as dealing with the spreading of AIDS?

Mayor Berkley. I do not know of any that is targeted. I know there has been talk of some congressional legislation to assist in that matter. It is a serious problem. Obviously, in certain cities that is a much more serious problem than in others.

But there is no doubt about it that the combination of drugs and AIDS is very closely related in a growing degree, and of significance and of very serious consequences and proportions.

Senator Biden. As Pat knows, we have been doing this a long time, talking about this issue, and the plight of big-city mayors and big-city police agencies dealing with the drug problem.

Any big-city law enforcement officer will tell you that anywhere from 40 to 60 percent of their problem relates directly to drugs and drug abuse. Yet, only 3 to 6 percent of city police budgets go for drug enforcement efforts.

Now, why is that? Is it because of other competing needs or is it because it is felt that that is really a federal responsibility?

Mayor Berkley. I am going to ask Pat to comment on that because he is more familiar with more budgets across the country, but part of it is a matter of semantics because, in fact, a significant amount of dollars go to police officers who are dealing with drug problems. But I will ask Pat to quantify that in detail.

Mr. Murphy. Mr. Chairman, I think that figure is deceiving. When the cities and the police departments responded that this percentage of police personnel is working on the drug problem, they were talking about officers dedicated full-time to drug enforcement units, narcotics squads.

Senator Biden. Right, yes.

Mr. Murphy. However, as you know, 50 to 70 percent of the officers in most cities are on patrol. There is not a patrol officer in this country who is not dealing with the drug problem directly or indirectly every day that he or she is on the streets, dealing with the domestic quarrels, the high schools, the petit crime, the major crime, the violent crime between the drug traffickers.

And so I think a more accurate indicator of what police departments are devoting to the problem would be to allocate a significant percentage of all patrol time, and I think we would then be bringing that number up seriously into the range of 25, 30 percent.

Senator **Biden**. Well, I appreciate the answer, and that is an issue I think we should explore a little more at another time.

My last question, and it is brief and then I will yield—I apologize; I did not realize that Senator Wilson had not had a chance to make an opening statement yet. In my absence in voting, I assumed he had had that opportunity.

My last question, Mr. Mayor, speaking for the mayors—I would like you to speak for the mayors if you feel you can—we went through a period here in the Senate where 10 years ago when I got deeply involved in this issue, we spent almost all of our time and effort trying to focus attention on interdiction.

I suspect somewhere on the order of 70 to 80 to 90 percent of our budget at this end was designed toward dealing with source-country supply and interdiction of that. We have come around at a Federal level to conclude that it is at least a three-part problem.

I, for one, am getting to the point where I think that the demand side is the more important focus than the supply side. They are both important. That is why when we wrote the drug bill we, for the first time, allocated significant amounts of money for education, but it took us a while to get there.

Where are the mayors? How much value do you think the mayors think there is in the allocation of resources to education, or are we going to find ourselves in the spot where the mayors are telling us, look, send us money for enforcement, do not send us money for education? Can you give me an assessment?

Mayor **Berkley**. Sure, I would be very glad to. I think that the mayors feel very similar to what you have just outlined. A significant portion should be dedicated to education.

In fact, we had a year ago what we called D Day, Drug Day, where we asked mayors across the country to have some type of a forum to point to the tremendous problem of drugs. Obviously, in most cases that was done in an educational format.

I do not think there is any doubt that in the long run education is a basic, fundamental part of it, and it is not just drugs; it can relate to alcohol problems and other problems as well.

I might just mention we have a program in Kansas City that Ewing Kaufman started, called the Star Program. He is the owner of the Kansas City Royals and has devoted $1 million so far and is willing to do more personally. That is why I talked about the public-private, which I think can be developed, but it is going to take a strong, strong commitment by the Federal Government, as you are making. We appreciate that very much and we think that is in the right direction.

Education is fundamental, it is basic, and it is the way that we can eventually solve this.

Senator **Biden**. One of the things we are looking for in education in this bill is for States and localities to demonstrate within their school systems that they have a program that is real.

Mayor **Berkley**. Right.

Senator **Biden**. We are not just looking for the public relations portion, which is important, but I will get back to that.

Before I yield to Senator D'Amato for his questioning, let me yield to Senator Wilson for an opening statement.

OPENING STATEMENT OF SENATOR PETE WILSON

Senator **Wilson**. Thank you very much, Mr. Chairman, and let me ask your personal indulgence. Mayor Berkley is an old friend, or I should say a long-time friend. It seems remarkable to me that he retains his youthful good looks, serving as not only the mayor of Kansas City for as many years as he has, but also now the President of the U.S. Conference.

I think probably he and, I can guarantee, virtually every drug enforcement agent I have spoken to at whatever level—Federal, State, or local—echoes the comment which you made a moment ago, Mr. Chairman, about the need to focus upon the demand side.

Those who have been involved actively in the interdiction of supply will tell you that the odds are hopelessly against them unless there begins to be some serious curtailment of demand, and obviously that is a function of the cooperation between a great many people who are not themselves drug agents, like parents, clergymen, counselors. It is, I think, perhaps an even more difficult challenge, but it is obviously one that is required.

I might say, too, that the chairman was very generous in his comments. He said no one on this panel is a stranger; no one is new to the problem of drug abuse. That is true. As I think of the experience of the members of the panel, my first experience was as a member of the State legislature—actually, before. I ran for the legislature on an anti-drug abuse platform, but it was as a mayor that I became most intimately and dramatically involved.

Listening to the comments in response to Chairman Biden's question from your law enforcement expert, Mr. Mayor, I was reminded of how many budget meetings I had to sit through responding to requests from the chief of police for an increased police budget. It was impossible for him to quantify precisely the degree to which the need for more and more street cops reflected the increasing drug activity in my community.

So I can not only say that I am pleased to see Mayor Berkley here, but I am not in the least surprised. It is the mayors and the police chiefs and the street cops, as well as the DEA agents and the FBI agents, who really are very much the victims of this increased traffic in a way that is surpassed only by the victims who are themselves users and their families.

So, Mr. Chairman, I am very pleased that the Caucus is directing its attention to oversight of the 1986 omnibus drug bill. I quite agree with your comments and the comments of Senator D'Amato. What happened is that finally the public was outraged. At the top of every public opinion survey in the nation, they expressed that outrage, and finally when the public led, the Congress got out and followed.

But having said that, I think that while we perhaps violated all the rules of good legislative procedure, nonetheless the 1986 Omnibus Act, however thrown together it may have seemed, because it was literally a matter of days that evoked a response from Congress—I think it turned out to be a very good piece of legislation, a very useful piece of legislation.

But what has happened in the wake is precisely what so many of us feared. Too often, Congress passes a law to deal with a pressing problem and then, with a wish and a prayer that the problem is solved, we go on to other matters.

The problems of drug trafficking and drug abuse were not solved by the mere passage of the 1986 act, and if we allow last year's drug bill to simply sit and if we think that it will serve as the last word on our enormous drug problem, then the public will once again, I think quite rightly, rise up in righteous indignation because we will not have solved the problem.

The crime lords who are profiting incredibly from this poisonous traffic will again be able to smirk that we in Washington have given lip service to a war on drugs and no real resources.

It is often, I think, correctly stated that only the Congress can declare war, but only the President can wage it. Last year, the Congress declared war against drug trafficking and drug abuse. But, unfortunately, despite really a very broad array of resources committed by the Congress, in many ways the administration is failing to effectively wage the war against drugs.

That is not a pleasant thing for me to say, but there is simply no excuse for the fact that millions of dollars in drug grant money for law enforcement, for education, and for rehabilitation have not been distributed—that is really incredible and inexcusable—despite the passage of more than 12 months since the drug bill was signed by the President.

There is just no excuse for the fact that millions of dollars seized from drug traffickers themselves have not been shared with local law enforcement because of poor administration by the Department of Justice.

For example, despite their request for permission and funds to hire outside administrators of seized assets, the Department of Justice has been worse than slow in using this new authority granted in last year's drug bill.

In no way do I question the dedication of Federal officials to enforce our laws against drug trafficking, certainly not those in DEA and the Bureau who are working at the street level. They are doing an incredible job against incredible odds.

But however heroic the Federal Drug Enforcement Administration, the FBI, the Coast Guard, and the Customs Service agents, we have got to do an infinitely better job because they are fighting against odds that are unnecessarily high.

Despite efforts at our borders, it is, I think, impossible for the Federal agents to stop all of the cocaine, to stop all of the heroin, to stop all of the marijuana that is being sent to the United States.

The Federal efforts alone certainly cannot deal with the marijuana grown in the United States or with the chemical designer drugs that are made here in illicit labs that have been the subject of a great deal of attention by Senator DeConcini and Senator D'Amato and myself.

I would wish that Federal efforts could stop the crack cocaine problem in Los Angeles, that they could shut down the methamphetamines labs in San Diego, that they could eradicate the marijuana that is being grown by acres in the northern part of my State, the more remote parts.

But these Federal efforts are not enough. That is why it is important that we have Mayor Berkley as our first witness. We have got to forge a partnership with Federal, State and local agencies.

Mr. Chairman, I think that our colleague, Senator D'Amato, has made the point abundantly, but I do not think it can be overemphasized sufficiently. The fact that only 18 percent of the drug money available to the States has actually been claimed by them, to me, is utterly inexcusable.

Now, it is not just the Department of Justice that has been slow in administering these funds. The States obviously have done a much less than adequate job. It points very clearly to me that there is a need to get the money to the local level faster with a lot less red tape than has been involved thus far.

Mr. Chairman, I have more to say. I will cut it down. I will say that I am pleased that we have apparently attained some success in restoring the equitable sharing program of the Assets Forfeiture Fund—I have worked with the chairman on that—in the 1986 Act.

That now means that assets seized from criminals and disbursed to the State and local law enforcement agencies are finally coming back to them for their cooperation in the initiatives that they have taken in making these seizures.

But I hope this hearing will make clear that there is a great deal of frustration not only on the part of those at the local level, but here in the Congress because we have simply got to speed up the administration of the grant programs.

If the States are not claiming it, I want to know why, and if they are not involving the local authorities in their activities at the State level, I think we have a need to know why and perhaps to revise the legislation, Mr. Chairman, in a way that sees that these funds get down to the level where they are actually required a whole lot sooner than they are getting there now.

Thank you.

Senator **Biden**. Thank you.

Senator D'Amato.

Senator **D'Amato**. Thank you, Mr. Chairman.

Mr. Mayor, let me first of all commend you for the U.S. Conference of Mayors report, the one that you have issued in October of this year. The report quite accurately points out that many of the States share in this responsibility and indeed have occasioned the failure to implement the programs that we have provided funding for.

I note that the report indicates that 72 percent of the cities that responded were not involved in State planning for treatment programs, 62 percent were not involved in State planning for education programs, and 57 percent said that they did not participate in the State drug enforcement planning process.

It would seem to indicate a total lack of regard as it relates to working with those who are on the front line, and those are the people such as yourselves, the mayors, the city councils, and it is our urban centers that in most cases we find the great crisis, we find the waiting lines.

Now, Senator DeConcini and I have had a meeting this morning with the Attorney General and others, and we took the administration to task for their failure as it relates to demonstrating a continuity, whether it is for law enforcement programs, local assistance programs, or whether it was for education, going from a $200 million level down to a $100 million level.

But let me share with you this troubling aspect that I find and that you have alluded to in your report, and then ask you what do we need. Do we need some legislation that requires absolutely the input of the cities as it relates to this?

We have given out only 11 percent of the funds available for emergency treatment and we have got these huge waiting lines. The cities have been waiting since October of 1986 and $144 million have not been claimed by the States.

Then I read a report from the Alcohol, Drug Abuse, and Mental Health Administration saying that 20 States, including the District of Columbia, have not drawn down one single penny.

Can you imagine, Washington, D.C., the capital of the United States and probably one of the most afflicted areas in terms of drug abuse, in terms of an incredible problem, needing money desperately for treatment centers, and they have not drawn down a penny as late as October 30 of this year?

Mr. Mayor, what do you feel is necessary, what should be done? How can we help you? My gosh, those 20 States—I think one of the things we should do, Mr. Chairman, is publish a list of those States and send out letters to them and tell their Governors and say to them, what are you doing and what is happening?

You know, here we are fighting to provide the funds; we do provide the funds. In the drug treatment block grant area, that is $144 million that has not been claimed.

We are talking about over $300 million which the cities and towns, and the people living in them, so desperately need, particularly in the areas of education and treatment and prevention.

Mr. Mayor, what suggestions would you make to attempt to see to it that that flow of money gets to where it belongs?

Mayor **Berkley**. Thank you, Senator. First, let me ask that I may introduce the report into the record, if I may.

Senator **Biden**. Without objection.

Mayor **Berkley**. Thank you.

[Report follows:]

THE ANTI-DRUG ABUSE ACT OF 1986:

ITS IMPACT IN CITIES ONE YEAR AFTER ENACTMENT

A 42-City Survey

October 27, 1987

THE UNITED STATES
CONFERENCE OF MAYORS

THE UNITED STATES CONFERENCE OF MAYORS

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Mayor of Kansas City, Missouri

Mayor Edward I. Koch
Mayor of New York
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SUMMARY

The Anti-Drug Abuse Act of 1986 marked the first time that our national government approached the problems of illegal drug trafficking and abuse in a comprehensive manner. It strengthened federal interdiction efforts, stiffened federal drug laws and established new state and local assistance programs for enforcement, education and treatment. For the fiscal year just ended, Congress appropriated $225 million for enforcement programs, $200 million for education programs and $262 million for treatment.

To assess both the illegal drug problem in the cities and the implementation of the state and local assistance programs established by the Anti-Drug Abuse Act of 1986 one year after its enactment, the U.S. Conference of Mayors surveyed 42 cities whose mayors are members of its Executive Committee, Advisory Board or Task Force on Drug Control. The survey sought information on 1) arrests for drug violations; 2) the drugs most frequently involved in arrests; 3) the availability of drug treatment; 4) the funding status of city programs through the Anti-Drug Abuse Act of 1986; 5) city government involvement in the state planning process for the Act's programs; 6) state administration of the block grants established through the Act; and 7) the responsiveness of the Act's grant-in-aid system to city needs.

THE DRUG PROBLEM IN CITIES

- Arrests for drug violations by police departments in the survey cities accounted for an average of 14 percent of the total arrests made in these cities during 1986. Personnel in the cities' police department narcotics units made one-third of the total arrests for drug violations.

- Narcotics units accounted for an average of three percent of the police departments' total budget in the survey cities. The cities estimate, however, that eight percent of their police departments' budgets are spent on the enforcement of drug violations.

- Across the survey cities, cocaine was the illegal drug most frequently involved in drug-related arrests, followed by marijuana and heroin.

- In more than three out of four of the responding cities there is a waiting list to get into drug treatment facilities; the average wait in these cities is seven weeks.

THE ANTI-DRUG ABUSE ACT OF 1986: THE FUNDING STATUS OF CITY PROGRAMS

- Education Programs: Fourteen of the survey cities (45 percent of those responding to the question) were aware of funding commitments for local education programs that had been made under the Anti-Drug Abuse Act as of October 1, 1987. These commitments totaled $3.3 million. In five of these cities, funds totalling just over $1 million have actually been received.

- Treatment Programs: Eleven cities (37 percent of those responding to the question) were aware of funding commitments for local drug treatment programs under the Act as of October 1. These commitments total $3 million. Six of these cities reported that they have actually received funds, totalling $400,000.

- Enforcement Programs: Fourteen cities (40 percent of those responding) were aware of funding commitments made for drug enforcement grants under the Act by October 1. They total $9.6 million. Washington, D.C., the only city that performs both state and local functions in these programs, is also the only city to have actually received enforcement funds, totalling $800,000.

THE ANTI-DRUG ABUSE ACT OF 1986: INTERGOVERNMENTAL RELATIONS

- Eleven cities (38 percent of those responding to the question) reported that their city government has been involved in the state planning process for education programs; eight cities (28 percent of those responding) were involved in the state planning process for treatment programs; 18 cities (43 percent of the responding cities) participated in the state planning process for enforcement programs.

- Rating state administration of the block grant programs established under the Act:

    * for education, one-fifth of the cities gave a good rating and 60 percent gave a poor rating;
    * for treatment, 28 percent of the cities gave a good rating and 40 percent a poor rating; and
    * for enforcement, 29 percent gave a good rating and 46 percent gave a poor rating.

- Officials in two-thirds of the responding cities indicated that the grant-in-aid system (primarily state block grants) established through the Anti-Drug Abuse Act is not responsive to their cities' needs.

INTRODUCTION

On October 27, 1986 President Ronald Reagan signed into law the Anti-Drug Abuse Act of 1986. The legislation resulted, in great part, from a groundswell of national concern about drug abuse which developed during the summer of 1986. While the scourge of drug abuse had been a critical issue in cities for years, national attention had never before been so sharply focused on it.

The Anti-Drug Abuse Act of 1986 marks the first time that our national government has approached the problems of illegal drug trafficking and abuse in a comprehensive manner. It strengthens critical federal interdiction efforts, such as those of the Customs Service, the Coast Guard and the military, and it stiffens many federal criminal penalties for drug-related crimes. Of particular importance is the assistance it provides to state and local governments for drug education, treatment and enforcement programs. The Act attacks our drug problem from all sides; it is aimed at reducing both the supply and the demand. With this legislation the federal government became the cities' ally in the war on drugs.

When the Anti-Drug Abuse Act of 1986 was debated in the Congress it was in the context of getting help to the cities, to the trenches in the war on drugs. What actually passed the Congress was a bill which provides funds primarily to the states, with the requirement that a good portion be passed through to local jurisdictions.

The purpose of this report is to assess the status of the illegal drug problem in our cities and the implementation of the assistance programs established through the Act one year after its enactment. A questionnaire was sent to every member of the Conference of Mayors' Executive Committee, Advisory Board and Task Force on Drug Control -- 52 mayors in all. Responses were received from 42 of them, or 81 percent. The information which they provided is summarized on the following pages.

The reader should note that in no case do the percentages reported for a survey question include a city unable to respond to that question.

THE DRUG PROBLEM IN CITIES

Arrests for Drug Violations

There were 1.8 million arrests made in the survey cities in 1986. Arrests for drug violations by police departments in the survey cities totalled 243,000, an average of 14 percent of the total arrests in these cities that year. Drug violation arrests range from 36 percent of the total in Washington, D.C., 35 percent in Atlanta, 33 percent in Philadelphia, 27 percent in New York City and 23 percent in Los Angeles to less than three percent of the total arrests in Anchorage, Denver, Springfield, Jamestown, Seattle and Milwaukee.

Personnel in the police department narcotics units made 79,000 arrests for narcotics violations, one-third of the total arrests for drug violations in the survey cities. They account for 100 percent of the drug violation arrests in Springfield, 90 percent in York, and 88 percent in Toledo and Washington, D.C. In Oxnard, San Diego, Aurora, Chicago, Albuquerque, and Jamestown narcotics unit personnel make less than 15 percent of the arrests for drug violations.

The table on pages seven and eight contains data on drug arrests for the survey cities.

Narcotics units account for an average of three percent of the police departments' total budget in the survey cities. In Trenton 10 percent of the police department's budget goes to the narcotics unit, in Washington, D.C. eight percent, and in San Francisco, San Diego and York six percent. Among the cities where one percent or less of the budget goes to the narcotics unit are Phoenix, Aurora, Chicago, Gary, New Orleans, Kansas City, and Albuquerque.

The survey cities estimate, however, that an average of eight percent of their police departments' budgets are spent on the enforcement of drug violations. Expenditures range form 25 percent in Washington, D.C., 23 percent in Los Angeles, 20 percent in Albuquerque and 15 percent in Oxnard to two percent or less in Aurora, Gary, Oak Park, Kansas City and Cincinnati.

The Drugs Most Frequently Involved in Arrests

Across the survey cities, cocaine was most frequently involved in drug-related arrests, followed by marijuana and heroin.

Twenty-seven cities listed cocaine (including crack) first as the illegal drug most frequently involved in drug-related arrests: Anchorage, Phoenix, Oxnard, Los Angeles, San Diego, San Francisco, Miami, Atlanta, Chicago, Springfield, Gary, New Orleans, Detroit, Oak Park, Kansas City, Plainfield, Trenton, Albuquerque, New York City, Cincinnati, Toledo, Philadelphia, Houston, El Paso, Seattle, Milwaukee and York. Another 12 cities listed cocaine second.

Eleven cities reported that marijuana was most frequently involved in drug-related arrests: Birmingham, Aurora, Denver, Dunedin, Macon, Savannah, Jamestown, Cleveland, Pittsburgh, Charleston, and Tacoma. Another 19 listed it as second among drug-related arrests, and nine listed it third. Seattle reported that it no longer makes felony arrests for the possession of small amounts of marijuana, leveling fines instead.

Heroin was the drug most frequently involved in drug-related arrests in one city, Boston. It came in second in nine cities and third in 11. PCP was the drug most frequently involved in drug-related arrests in Washington, D.C.; three cities -- Los Angeles, Chicago and Plainfield -- listed it third. Other drugs listed include amphetamines and methamphetamines, by four cities; perscription drugs, by three cities; and LSD, by three cities.

The table on page nine shows the three drugs most frequently involved in arrests in each of the survey cities.

The Availability of Drug Treatment

Officials in the survey cities were able to identify a total of 157,000 people who were receiving treatment for drug abuse in their cities. The number of people receiving treatment ranged from 38,800 in New York City and 14,000 in New Orleans to 35 in Jamestown and four in Dunedin. (Some cities had only county data available; others had only data for public facilities.)

In more than three out of four of the responding cities there was a waiting list to get into treatment facilities, and the average wait in these cities was seven weeks. The wait ranged from 26 weeks in New York City, 16 to 24 weeks in Los Angeles, eight to 13 weeks in Milwaukee, and four to 12 weeks in San Diego. It was four weeks or less in Oxnard, Washington, D.C., Atlanta, Boston, Detroit, Kansas City, Trenton, and York. In 23 percent of the responding cities there was no wait.

CITY DRUG ARRESTS

City	Population	Total Arrests 1986	Drug Arrests 1986	Percentage Drug Arrests of Total Arrests	Narcotics Unit Drug Arrests 1986	Percentage Narcotics Unit Arrests of Drug Arrests
Birmingham, AL	283,239	n/a	n/a	n/a	n/a	n/a
Anchorage, AK	194,675	19,816	346	.0	103	29.8
Phoenix, AZ	824,230	60,724	3,740	6.2	885	23.7
Los Angeles, CA	3,022,247	205,166	47,448	23.1	10,995	23.2
Oxnard, CA	115,657	13,131	1,902	14.5	138	7.3
San Diego, CA	915,956	100,324	15,100	15.1	1,819	12.0
San Francisco, CA	691,637	91,902	9,238	10.1	2,430	26.3
Aurora, CO	184,372	24,303	1,813	7.5	189	10.5
Denver, CO	505,563	69,258	1,052	1.5	468	44.5
Washington, DC	633,425	36,680	13,280	36.2	11,635	87.6
Dunedin, FL	30,203	2,194	100	4.6	40	40.0
Miami, FL	382,726	36,133	7,000	19.4	4,088	68.6
Atlanta, GA	428,153	11,760	4,111	35.0	1,597	48.6
Macon, GA	118,730	10,584	569	5.4	277	48.7
Savannah, GA	145,699	8,370	475	5.7	251	52.8
Chicago, IL	2,997,155	229,309	21,465	9.4	1,719	8.0
Springfield, IL	99,637	4,138	45	1.1	45	100
Gary, IN	147,537	2,998	208	6.9	100	48.1
New Orleans, LA	564,561	21,603	3,037	14.1	510	16.8
Boston, MA	560,847	28,251	4,863	17.2	1,524	31.3
Newton, MA	83,622	865	40	4.6	16	40
Detroit, MI	1,138,717	94,824	n/a	n/a	5,203	n/a
Oak Park, MI	31,537	2,303	95	4.1	n/a	n/a
Kansas City, MO	445,222	15,808	1,370	8.7	n/a	n/a
Plainfield, NJ	45,555	5,493	760	13.8	196	25.8
Trenton, NJ	92,124	10,064	2,033	20.2	n/a	n/a
Albuquerque, NM	341,978	27,097	1,324	4.9	130	9.8
Jamestown, NY	35,775	2,155	24	1.1	3	12.5
New York City, NY	7,086,096	259,587	69,525	26.8	27,525	39.6
Cincinnati, OH	380,118	37,659	3,705	9.8	n/a	n/a
Cleveland, OH	558,869	30,418	1,788	5.9	1,100	61.5
Toledo, OH	350,565	16,110	800	5.0	706	88.3

CITY DRUG ARRESTS

City	Population	Total Arrests 1986	Drug Arrests 1986	Percentage Drug Arrests of Total Arrests	Narcotics Unit Drug Arrests 1986	Percentage Narcotics Unit Arrests of Drug Arrests
Philadelphia, PA	1,665,382	26,276	8,721	33.2	n/a	n/a
Pittsburgh, PA	414,936	22,743	1,522	6.7	670	44.0
York, PA	44,619	3,658	117	3.2	105	90.0
San Juan, PR	522,700	n/a	n/a	n/a	n/a	n/a
Charleston, SC	69,510	7,759	1,049	13.5	474	45.2
El Paso, TX	445,071	30,898	3,184	10.3	1,044	32.8
Houston, TX	1,725,617	94,658	6,946	7.3	2,544	36.6
Seattle, WA	490,077	54,641	1,527	2.8	350	22.9
Tacoma, WA	161,351	12,367	766	6.2	248	32.4
Milwaukee, WI	631,509	61,495	1,630	2.7	450	27.6

THREE DRUGS MOST FREQUENTLY INVOLVED IN ARRESTS

City	First	Second	Third
Birmingham, AL	marijuana	cocaine	deloid
Anchorage, AK	cocaine	marijuana	herion
Phoenix, AZ	cocaine	marijuana	heroin
Los Angeles, CA	cocaine	marijuana	PCP
Oxnard, CA	cocaine	heroin	marijuana
San Diego, CA	cocaine	marijuana	heroin
San Francisco, CA	cocaine	marijuana	heroin
Aurora, CO	marijuana	cocaine	amphetamine
Denver, CO	marijuana	opiates	stimulants
Washington, DC	PCP	cocaine	opiates
Dunedin, FL	marijuana	cocaine	prescription drugs
Miami, FL	cocaine	marijuana	amphetamine
Atlanta, GA	cocaine	marijuana	heroin
Macon, GA	marijuana	cocaine	qualudes
Savannah, GA	marijuana	cocaine	crack
Chicago, IL	cocaine	marijuana	PCP
Springfield, IL	cocaine	marijuana	prescription drugs
Gary, IN	cocaine	marijuana	heroin
New Orleans, LA	cocaine	heroin	marijuana
Boston, MA	heroin	cocaine	marijuana
Newton, MA	alcohol	marijuana	cocaine
Detroit, MI	crack	cocaine	heroin
Oak Park, MI	cocaine	marijuana	heroin
Kansas City, MO	cocaine	marijuana	amphetamine
Plainfield, NJ	cocaine	marijuana	PCP
Trenton, NJ	cocaine	heroin	marijuana
Albuquerque, NM	cocaine	heroin	methamphetamine
Jamestown, NY	marijuana	cocaine	LSD
New York City, NY	cocaine	marijuana	heroin
Cincinnati, OH	cocaine	marijuana	LSD
Cleveland, OH	marijuana	cocaine	prescription drugs
Toledo, OH	crack	heroin	marijuana
Philadelphia, PA	cocaine	heroin	marijuana
Pittsburgh, PA	marijuana	cocaine	synthetics/opiates
York, PA	cocaine	heroin	marijuana
San Juan, PR	n/a	n/a	n/a
Charleston, SC	marijuana	cocaine	heroin
El Paso, TX	cocaine	heroin	marijuana
Houston, TX	cocaine	marijuana	methamphetamine
Seattle, WA	cocaine	marijuana	heroin
Tacoma, WA	marijuana	cocaine	heroin
Milwaukee, WI	cocaine	marijuana	alcohol

THE ANTI-DRUG ABUSE ACT OF 1986: THE FUNDING STATUS OF CITY PROGRAMS

The Anti-Drug Abuse Act of 1986 established new federal programs in three areas: enforcement, education, and treatment and rehabilitation. For Fiscal Year 1987, Congress appropriated $225 million for enforcement programs, $200 million for education programs and $262 million for treatment and rehabilitation. Most of the funds went to the states, with substantial portions to be passed through to local governments and agencies. For each program, however, a portion of the funds remained at the federal level -- 18 percent of the education funds, one-third of the treatment funds and 20 percent of the enforcement funds -- to be distributed through a discretionary grant system.

Education Programs

Fourteen cities (45 percent of those responding to the question) were aware of funding commitments that had been made under the Act by October 1, 1987 for local anti-drug education programs: Anchorage, San Diego, Aurora, Washington, D.C., Macon, Springfield, New Orleans, Boston, Detroit, Kansas City, Toledo, Philadelphia, Houston and Tacoma. These commitments totalled $3,274,000. In five cities (17 percent of those responding) funds have actually been received: Anchorage, Washington, D.C., Springfield, New Orleans and Detroit. According to the city officials, these funds received as of October 1, totalled $1,020,000.

Seventeen cities (55 percent of those responding to the question) reported that no education funding commitments had been made; 11 cities did not respond to the question. Four cities -- San Diego, Chicago, Philadelphia and Houston -- report that funding requests to the federal government for education programs have been denied. Two cities, Chicago and El Paso, have had applications to the state for education programs denied. Four cities -- Birmingham, Philadelphia, El Paso and Houston -- were aware of pending federal applications for anti-drug education programs. Eight -- Birmingham, San Francisco, Boston, Cleveland, Philadelphia, York, Tacoma and Milwaukee -- were aware of state applications pending.

Treatment Programs

Eleven cities (37 percent of those responding to the question) were aware of funding commitments made by October 1, 1987, under the Anti-Drug Abuse Act for local treatment programs. These cities were: Birmingham, Phoenix, San Francisco, Washington, D.C., Detroit, Kansas City, Toledo, Philadelphia, El Paso, Houston and Tacoma. The funding commitments to these cities totalled $3,007,000. In six of these cities -- Birmingham, Washington, D.C., Detroit, El Paso, Houston and Tacoma -- at least some funds have been received. The total actually received as of October 1, according to the city officials was $400,000.

Forty-five percent of the cities reported that no funding commitments for treatment programs have been made; 12 cities did not respond to the question. One city, Houston, reported that its application to the federal government for treatment funds had been denied. Two cities, San Diego and El Paso, have had applications to their state governments for treatment grants denied. Four cities -- Birmingham, El Paso, Houston and Tacoma -- were aware of federal applications for treatment grants which are pending. Eight cities were aware of state applications which are pending: Birmingham, New Orleans, Trenton, Toledo, York, El Paso, Tacoma, and Milwaukee.

Enforcement Programs

Fourteen cities (40 percent of the cities responding to the survey) were aware of funding commitments totalling $9,563,000 which were made for drug enforcement grants under the Act by October 1, 1987. Among them were: Birmingham, Los Angeles, Aurora, Denver, Chicago, New York City, Toledo, Philadelphia, Houston and Seattle. (Aurora and Denver were awarded a joint grant for a crack task force.) One city, Washington, D.C., had actually received funds, totalling $800,000, by October 1. Washington, of course, is the only city which performs the functions of both a state and a city in the block grant programs.

Twenty-one cities (60 percent of those responding) reported that no funding commitments have been received; seven cities did not answer the question. Five cities reported that the federal government had turned down their applications for enforcement grants: San Diego, Miami, New York City, Cincinnati and Cleveland. Detroit reported that its application to the state government for an enforcement grant had been denied. Four cities -- Birmingham, Los Angeles, San Diego and El Paso -- had enforcement grants pending with the federal government. Fifteen cities were aware of such grants pending with their state governments: Birmingham, Phoenix, Los Angeles, San Diego, San Francisco, Denver, Boston, Detroit, Cincinnati, Cleveland, Toledo, Philadelphia, York, El Paso and Houston.

In the Appendix are lists of all of the funded education, enforcement and treatment programs identified by the city officials.

THE ANTI-DRUG ABUSE ACT OF 1986: INTERGOVERNMENTAL RELATIONS

Involvement in the State Planning Process

Eleven cities (38 percent of those responding to the question) reported that their city government has been involved in the state planning process for education programs. They are: Aurora, Denver, Washington, D.C., Macon, Springfield, Boston, Newton, Oak Park, Kansas City, Albuquerque and El Paso. Eighteen cities (62 percent of those responding) were not involved in the state planning process for education programs; 13 cities did not respond to the question.

Eight cities (28 percent of those responding to the question) indicated that their city government was involved in the state planning process for treatment programs: San Francisco, Washington, D.C. New Orleans, Oak Park, Trenton, Toledo, Philadelphia and El Paso. Seventy-two percent of the responding cities were not involved in the state planning process for treatment programs; 13 cities did not respond.

Forty-three percent (18) of the cities participated in the state planning process for enforcement programs. They were Phoenix, San Francisco, Aurora, Denver, Washington, D.C., Miami, Macon, Chicago, Boston, Newton, Detroit, Oak Park, Trenton, Cincinnati, Toledo, Philadelphia, Pittsburgh and El Paso. Four of these cities -- Phoenix, Denver, Chicago and Detroit -- reported that local officials serve on the state planning board. Cities which provided testimony, suggestions or information include Phoenix, San Francisco, Aurora, Oak Park, Toledo and Philadelphia. Fifty-seven percent of the responding cities did not participate in the enforcement program planning process; three cities did not respond.

Following are some of the city officials'comments on city involvement in the state planning process.

- Washington, D.C.: "The District of Columbia performs both city and state level functions for block grants. As such the District government has been involved in all aspects of the planning."
- Los Angeles: "Local input into setting the statewide strategy only allows for perfunctory input. It is perfectly clear that staff has already determined their program priorities and the local planning and distribution process in advance of this ritual....It appears evident that Los Angeles City will not fare well with the state in determining local priority planning tailored to meet our needs, or in receiving assurance of any funding." (From testimony given by the Director of the City of Los Angeles Criminal Justice Planning Office before the Select Committee on Narcotics Abuse and Control, U.S. House of Representatives, March 2, 1987)
- Pittsburgh: "All of our involvement took place at the county level, according to state guidelines. In Pennsylvania, counties must apply for funds. We worked with the Allegheny County Department of Planning

on a concept paper and proposal. We served on a planning board, submitted suggestions and wrote sections dealing with our requests."

- Toledo: We "submitted suggestions for the state plan based upon the results of a local survey (and) set up a special committee of the Criminal Justice Coordinating Council to provide input to the state and review local grant applications."

- Boston: "The City of Boston worked closely with the Governor's Alliance on education proposals, with the Secretary of Human Services on treatment programs and with the Office of Public Safety on enforcement programs."

State Administration of the Block Grant Programs

The city officials were asked to rate their state's administration of the block grant programs for education, treatment and enforcement in terms of its responsiveness to addressing the illegal drug problem in their city. The rating was on a scale of one to five, with one being poor and five excellent. It should be noted again that the District of Columbia performs both city and state level functions in the administration of the block grant programs.

For education programs, 60 percent of the responding cities gave their states a poor rating (a rating of one or two on the scale). Twenty percent of the cities gave their state a rating of three. Five cities -- Aurora, Washington, D.C., Boston, Charleston and Houston -- rated their states' administration of the education block grant as good (giving them a rating of four or five).

For treatment programs, 40 percent of the responding cities gave their states a poor rating of one or two. Twenty-eight pecent (six) of the cities rated their state's administration of the treatment block grant as good (a rating of a four or five): Washington, D.C., Boston, Toledo, Charleston, Houston and Milwaukee. Thirty-two percent of the cities gave their states a rating of three for their administration of the treatment block grant.

In the enforcement area, 46 percent of the cities gave their states a a poor rating (of one or two) for block grant administration. One-fourth of the cities rated their states' administration of the enforcement block grant as a three. Seven cities -- Anchorage, Aurora, Washington, D.C. Chicago, New Orleans, Toledo and Charleston -- gave their states a good rating (four or five) indicating their administration of the enforcement block grant had been responsive to their needs.

The Grant-in-Aid System -- Responsive to City Needs?

Officials in two-thirds of the responding cities indicated that the grant-in-aid system (primarily state block grants) established through the Anti-Drug Abuse Act of 1986 is not responsive to their cities' needs. Included among these cities are Birmingham, Anchorage, Los Angeles, San Diego, Savannah, Chicago, New Orleans, Oak Park, Plainfield, Trenton, Cleveland, Philadelphia, Pittsburgh, York, Charleston, Tacoma, Milwaukee and San Juan. One-third of the cities felt that the system was responsive. They include Oxnard, Aurora, Washington, D.C., Dunedin, Boston, Newton, Kansas City, Toledo, El Paso and Houston.

In responses to an open-ended question, twelve cities suggested that providing funds directly to cities rather than through the states would make the Anti-Drug Abuse Act more responsive to their needs. Among their comments:

- Birmingham: "Don't send it to the state first. Have it be direct from the federal government to localities. States will spend much of the funds in other areas."
- Anchorage: "There should be direct funding of local governments."
- Los Angeles: "Provide a mini-block grant or pre-determined set-aside that would ensure we receive a proportionate allocation."
- Chicago: "Funds should come directly to cities."
- New Orleans: "Money should be sent directly to the program providing the service."
- Boston: "It's hard to judge from the first year, given federal delays and start-up needs. However, entitlements for large cities might be preferable."
- Tacoma: "The state seems to have too much control over how these monies are allocated and the purposes for which they are to be used. Perhaps we should look at the feasibility of providing these block grant monies directly to each city. Then, the cities could more easily formulate a comprehensive plan to allocate monies to be used in all facets (education, treatment and enforcement) of the war against drugs."

City officials made other suggestions regarding the administration and funding of the Anti-Drug Abuse Act that would make it more responsive to their needs:

- Jamestown: There should be "more time between the RFP and application due dates. There is not enough time to respond to grant availability in many instances."
- Toledo: There should be "greater lead time for the application of discretionary funds, and increased discretionary funding at the state level and less discretionary funding available at the federal level, which is too far removed from the local problems for an accurate assessment of need."
- San Francisco: "The processing time has been extremely lengthy. School officials complain about the state formula used for allocations. Also, funds for enforcement programs are based on a statewide competition. This process may be overly political."

- Oak Park: There should be "additional funds to allow for individual city or agency projects and narcotics enforcement efforts. While the value of multi-jurisdictional units is apparent, funding levels and funding guidelines which exclude consideration of local programs must be changed to be responsive to local needs."

- Trenton: There should be "full funding for treatment through the state Department of Health....Inner city needs are overwhelming. There should be an awareness by the county and state agencies of the inner city crisis and an immediate response to our needs."

- Milwaukee: "Milwaukee is one of the highest risk areas for misuse and abuse of drugs, yet it receives a disproportionately low amount of funds allocated by the state."

APPENDIX

THE DRUG FREE SCHOOLS AND COMMUNITIES PROGRAM

FUNDS RECEIVED BY OR COMMITTED TO RESPONDING CITIES AS OF OCTOBER 1, 1987

CITY	PROGRAM	AMOUNT	GRANTOR
ANCHORAGE	Public school drug prevention/ education (K-12th grade)	$206,000	state
SAN DIEGO	Public school drug prevention/ prevention	205,000*	state
AURORA	Public school needs assessment and drug education	52,000*	state
WASHINGTON, DC	Public school prevention/ education	556,850	federal
	Prevention/education for young residents of public housing	119,325*	federal
	Community drug education	119,325*	federal
MACON	Public & private school prevention/education (6th & 8th grade)	63,000*	state
SPRINGFIELD	Public & private school prevention/ intervention	43,656	federal
NEW ORLEANS	Prevention/education for young people	25,000	state
	Prevention/education for young residents of public housing	25,000	state
	Prevention/education for young residents of public housing	25,000	state
	Prevention/education for young residents of public housing	25,000	state
	Support group for young people	40,000	state
BOSTON	Community drug education	35,000*	federal
	Public school drug education (5th & 6th grades)	167,000*	state
DETROIT	No data provided		
KANSAS CITY	Public and private school prevention/education program (K-12th grade)	106,455*	state
	Staff support for school substance abuse program	35,000*	state
TOLEDO	Public school prevention/ education	153,000**	state

THE DRUG FREE SCHOOLS AND COMMUNITIES PROGRAM

FUNDS RECEIVED BY OR COMMITTED TO RESPONDING CITIES AS OF OCTOBER 1, 1987

(continued)

CITY	PROGRAM	AMOUNT	GRANTOR
PHILADELPHIA	Private school prevention/ education	148,000*	state
	Public school prevention/ education	480,000*	state
HOUSTON	Substance abuse education for high risk youth	33,350**	state
	Interventive counseling for high risk youth	64,600*	state
	Community school based program for children of substance abusers	58,785**	state
	Community school based program for children	70,000*	state
	Community school based program for children	61,893*	state
	School based student assistance	48,751**	state
	School based student assistance	70,000*	state
	Primary prevention program	70,000**	state
	Primary prevention program	69,851*	state
	Community drug education	44,958**	state
TACOMA	School prevention/education	52,000*	state

AMOUNT COMMITTED DIRECTLY BY FEDERAL GOVERNMENT	$ 874,156
AMOUNT COMMITTED THROUGH STATE GOVERNMENT	2,399,643
TOTAL AMOUNT COMMITTED	$3,273,799
AMOUNT RECEIVED DIRECTLY FROM FEDERAL GOVERNMENT	$ 600,506
AMOUNT RECEIVED THROUGH STATE GOVERNMENT	419,573
TOTAL AMOUNT RECEIVED	$1,020,079

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* Funds which have been committed but not received by October 1, 1987.

** A portion, but not all, of these funds have been received as of October 1, 1987.

ALCOHOL AND DRUG TREATMENT PROGRAMS

FUNDS RECEIVED BY OR COMMITTED TO RESPONDING CITIES AS OF OCTOBER 1, 1987

CITY	PROGRAM	AMOUNT	GRANTOR
BIRMINGHAM	Outpatient treatment	$ 200,000	state
PHOENIX	Outpatient counseling	72,000*	state
	Prevention program for youth	30,000*	state
	Residential treatment for youth	30,000*	state
	Residential treatment	50,000*	state
	Residential treatment for minorities	50,000*	state
	Residential treatment for the hearing impaired	5,000*	state
SAN FRANCISCO	Various treatment programs	550,000*	federal
WASHINGTON, DC	Alcoholism outreach and treatment	224,786*	federal
	Vocational rehabilitation services	63,369*	federal
	Family treatment	177,362*	federal
	Medical care for drug abusers	91,289	federal
DETROIT	No data provided		
KANSAS CITY	Extended stay residential care for substance abusers	58,795*	state
TOLEDO	Detoxification center	112,840*	state
	Indigent care for juvenile drug abuse offenders	60,941*	state
PHILADELPHIA	Treatment of state parolees	160,000*	state
EL PASO	Treatment/education for youth	58,488	state
HOUSTON	Outpatient treatment and support	94,000**	state
	Outpatient treatment and support	64,838**	state
	Outpatient treatment and support	64,600**	state
	Outpatient treatment	240,000**	state
	Residential treatment for adolescent inhalent abusers	75,600*	state
TACOMA	Adolescent treatment program	98,000*	state
	Early childhood substance abuse prevention	250,000**	federal
	Vocational opportunity training and education	125,000	state

ALCOHOL AND DRUG TREATMENT PROGRAMS

FUNDS RECEIVED BY OR COMMITTED TO RESPONDING CITIES AS OF OCTOBER 1, 1987

(Continued)

TOTAL COMMITTED DIRECTLY BY FEDERAL GOVERNMENT	$1,356,806
TOTAL COMMITTED THROUGH STATE GOVERNMENT	1,650,102
TOTAL COMMITTED	$3,006,908
TOTAL RECEIVED DIRECTLY FROM FEDERAL GOVERNMENT	$ 216,289
TOTAL RECEIVED THROUGH STATE GOVERNMENT	183,488
TOTAL RECEIVED	$ 399,777

* Funds which have been committed but not received by October 1, 1987.

** A portion, but not all, of these funds have been received as ~~of~~ October 1, 1987

THE STATE AND LOCAL ASSISTANCE FOR NARCOTICS CONTROL PROGRAM

FUNDS RECEIVED BY OR COMMITTED TO RESPONDING CITIES AS OF OCTOBER 1, 1987

CITY	PROGRAM	AMOUNT	GRANTOR
BIRMINGHAM	Street sales enforcement	$ 180,000*	federal
LOS ANGELES	Focused substance enforcement unit	300,000*	federal
AURORA & DENVER	Focused substance enforcement unit	300,000*	federal
WASHINGTON, DC	Drug enforcement clearinghouse	50,000	federal
	Investigative unit	94,010	federal
	Automated management information system	105,990	federal
	Correctional faci~~lity tre~~atment program	300,000	federal
	Parolee program	250,000	federal
CHICAGO	Enforcement programs	1,080,000*	state
DETROIT	No data provided		
NEW YORK	Enforcement programs	2,956,946*	state
TOLEDO	Regional narcotics task force	138,968*	state
PHILADELPHIA	Coordinated drug effort including enforcement and criminal justice systems	2,250,000*	state
EL PASO	Multi-County enforcement unit	900,465*	federal
HOUSTON	Focused substance enforcement unit	300,000*	federal
SEATTLE	Enforcement management effort	356,753*	federal

TOTAL COMMITTED DIRECTLY BY FEDERAL GOVERNMENT	$3,137,218
TOTAL COMMITTED THROUGH STATE GOVERNMENT	6,425,914
TOTAL AMOUNT COMMITTED	$9,563,132
TOTAL RECEIVED DIRECTLY FROM FEDERAL GOVERNMENT	$ 800,000
TOTAL RECEIVED THROUGH STATE GOVERNMENT	0
TOTAL AMOUNT RECEIVED	$ 800,000

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* Funds which have been committed but not received by October 1, 1987.

** A portion, but not all, of these funds have been received as of October 1, 1987.

UNITED STATES CONFERENCE OF MAYORS
1620 EYE STREET, NORTHWEST
WASHINGTON, D.C. 20006
TELEPHONE (202) 293-7330

CITY ____________________

IMPLEMENTATION OF THE ANTI-DRUG ABUSE ACT OF 1986 ONE YEAR AFTER ENACTMENT

I. THE DRUG PROBLEM IN YOUR CITY

1. What was the total number of arrests made by your police department during 1986? ________
What was the total number of these arrests for drug violations made by your police department in 1986? ________
What was the total number of these arrests made by personnel in your police department's narcotics unit during 1986? ________
What percentage of your police department's budget was devoted to the narcotics unit in 1986? ________
Please estimate the percentage of your police department's budget spent by all units on enforcement of drug violations? ____________________

2. How many people in your city are currently receiving treatment in either public or private facilities for drug abuse? ______
Are there waiting lists for drug abuse treatment in your city? Yes ____ No ____
If yes, how many people are on the list(s) ______ and what is the average, estimated wait for an individual in weeks? ______

3. List in order the three illegal drugs most frequently involved in drug-related arrests in your city? 1) ____________
2) ____________________ 3) ____________________

II. FUNDING RECEIVED THROUGH PROGRAMS ESTABLISHED BY THE ANTI-DRUG ABUSE ACT OF 1986

4. Please check below the areas of the Anti-Drug Abuse Act of 1986 for which funding has been committed to or received by public or private agencies in your city as of October 1, 1987?

	COMMITTED	RECEIVED
Education Programs		
Treatment Programs		
Enforcement Programs		

PLEASE COMPLETE THE INFORMATION REQUESTED ON THE ATTACHED SHEET FOR EACH PROGRAM FUNDED.

5. Have public or private agencies in your city applied for funds under the Anti-Drug Abuse Act of 1986 which, as of October 1, 1987, are still pending or have been denied? Yes ____ NO ____.
If so, please indicate the type of funds pending or denied and whether the application was made to the federal government or the state by completing the chart on the next page.

APPLICATIONS NOT FUNDED AS OF OCTOBER 1, 1987

	DENIED		PENDING	
	FEDERAL	STATE	FEDERAL	STATE
Education Programs				
Treatment Programs				
Enforcement Programs				

III. INVOLVEMENT WITH STATE PLANNING PROCESS

6. Has your city government been involved in the development of your state's anti-drug abuse plans for education, treatment or enforcement? Please respond on the chart below.

	YES	NO
Education programs		
Treatment program		
Enforcement Programs		

If yes, please describe the type of involvement (i.e. served on planning board, submitted suggestions for state plan, etc.),and the specific local agency that was involved.

7. Please rate your state's administration of the block grant programs for education, treatment and enforcement established through the Anti-Drug Abuse Act of 1986 in terms of its responsiveness to addressing the illegal drug problem in your city.

Education programs 1 2 3 4 5
Poor Excellent

Treatment programs 1 2 3 4 5
Poor Excellent

Enforcement programs 1 2 3 4 5
Poor Excellent

8. Do you believe that the grant-in-aid system (primarily state block grants) established through the Anti-Drug Abuse Act of 1986 is responsive to your city's needs? Yes ____ No ____
Please describe any legislative amendments that would make the Act more responsive to your needs?

Please describe any administrative changes that would make the Act more responsive to your needs?

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH PROGRAM IN YOUR CITY WHICH HAS RECIEVED FUNDING OR A COMMITMENT OF FUNDING THROUGH THE ANTI-DRUG ABUSE ACT OF 1986.

NAME OF PROGRAM ______________________________

Type of program (treatment, enforcement, education) ____________

Amount of funding received as of October 1, 1987 ____________

Amount of funding committed as of October 1,1987 ____________

Granting agency (specify federal or state)____________________

Date program began or will begin ______________________

Short description of program ______________________
____
____

NAME OF PROGRAM ______________________________

Type of program (treatment, enforcement, education) ____________

Amount of funding received as of October 1, 1987 ____________

Amount of funding committed as of October 1,1987 ____________

Granting agency (specify federal or state)____________________

Date program began or will begin ______________________

Short description of program ______________________
____
____

NAME OF PROGRAM ______________________________

Type of program (treatment, enforcement, education) ____________

Amount of funding received as of October 1, 1987 ____________

Amount of funding committed as of October 1,1987 ____________

Granting agency (specify federal or state)____________________

Date program began or will begin ______________________

Short description of program ______________________
____
____

NAME OF PROGRAM______________________________

Type of program (treatment, enforcement, education) __________

Amount of funding received as of October 1, 1987 __________

Amount of funding committed as of October 1,1987 __________

Granting agency (specify federal or state)______________

Date program began or will begin ____________________

Short description of program ____________________

NAME OF PROGRAM ______________________________

Type of program (treatment, enforcement, education) __________

Amount of funding received as of October 1, 1987 __________

Amount of funding committed as of October 1,1987 __________

Granting agency (specify federal or state)______________

Date program began or will begin ____________________

Short description of program ____________________

PERSON COMPLETING QUESTIONNAIRE:

Name______________________________
Title______________________________
Address______________________________
Telephone Number______________________________

PLEASE RETURN THIS QUESTIONNAIRE COMPLETED BY OCTOBER 13, 1987 TO JIM GATZ, U.S. CONFERENCE OF MAYORS, 1620 EYE STREET, N.W., WASHINGTON, D.C. 20006.

Mayor **Berkley**. In response to your question, a couple of things. First of all, I think a significant portion of the money should go directly to cities. Now, you might want to draw some cut-off line as to what size city, but I do think that that would really accelerate the activity. It would be more efficient. I think it would impact those cities more effectively and obviously quicker.

Recently, there has been legislation with regard to the homeless. That money has been able to be distributed rather quickly and efficiently. I think there are ways of doing it. I think it needs constant pressure to make sure it happens.

There is no finger pointing here. There needs to be more emphasis at all levels of government to make sure that it is done, but the direct distribution, I think, is the key to it as far as most of the urban areas are concerned.

As far as having the cities involved in the description of the programs, I think that would be helpful, but I think the real answer is the direct distribution.

Senator **D'Amato**. Well, Mr. Chairman, you suggested previously the possibility of reviewing legislation as it relates to attempting to free up this artery because, certainly, the need is there; the patient needs it and we have got to get them those resources.

Day Top Village in New York—and you know Monsignor O'Brien; he is a great admirer of yours and we have all worked together with him. When he has waiting lists of 6 and 7 months and we have provided the money and my State of New York has not drawn down—the State of New York as it relates to this year—we are going to have Sterling Johnson testify.

Imagine being a special prosecutor for drugs in New York City. What an incredible, monumental task. They have $11 million available for drug law enforcement and New York has drawn $445,000 of that. For emergency drug treatment and rehabilitation, $13 million is available. New York has not drawn down any of those moneys for treatment and rehabilitation. It is a sad legacy.

I think we are going to have to take a look, and maybe the mayor's suggestion that these dollars go directly to those communities of a particular size might open up the arteries and get that money to those who need it.

Senator **Biden**. I agree.

Senator DeConcini.

Senator **DeConcini**. I have no questions. I just thank the Mayor for the fine work that he has done, and thank you, Mr. Chairman.

Senator **Biden**. Do you have any further questions?

Senator **Graham**. No.

Senator **Biden**. Thank you all very much. We appreciate it.

Mayor **Berkley**. Thank you. We appreciate it very much. Thank you.

Senator **Biden**. Our next panel will be Assistant Secretary of the Treasury for Enforcement, Francis A. Keating, II, Chairman of the National Drug Enforcement Policy Board's Coordinating Group on Enforcement; and Dr. Donald Ian MacDonald, Administrator of the Alcohol, Drug Abuse, and Mental Health Administration, and Chairman of the National Drug Policy Board's Coordinating Group on Health.

It should be pointed out that Dr. MacDonald is here not in his capacity from the White House, but wearing his other hat, including his uniform.

Please, if you have opening statements, gentlemen—and prior to that, let me say that I ask unanimous consent that a statement by Senator Dixon be entered in the record at this time.

[Prepared statement follows:]

PREPARED STATEMENT OF SENATOR ALAN J. DIXON

Mr. Chairman, members of the Caucus, distinguished witnesses and guests, I would like to welcome you here to discuss what has happened to the "war on drugs" which was announced with great fanfare only a year ago.

Last fall, Congress passed the largest anti-drug abuse legislation in history. $1.7 billion dollars was appropriated for interdiction, State and local law enforcement, education, treatment, and prevention. Tough new laws directed at drug dealers and users were passed. Foreign countries were alerted that if they did not address their domestic drug production problems, their foreign aid would be in jeopardy.

One year later, the picture is not very encouraging. More cocaine is being smuggled into the U.S. than ever before. The wholesale price of cocaine is down by as much as 40 percent. At the same time the purity of the cocaine available on the street has almost doubled since 1983. Treatment centers are so overcrowded that they are turning addicts away. State and local law enforcement officials have still not received much of the funding they were allocated. Jurisdictional disputes have marred Federal interdiction efforts. The administration first committed to supporting the anti-drug effort and them submitted a budget slashing the funding for anti-drug programs.

Today, we will hear from this distinguished group of witnesses to get an overview of what has gone wrong. What can be done to get the war on drugs back on track. Each of the witnesses represents one facet of the solution and will be able to speak to the concerns in their area.

Last year as President Reagan was signing the drug bill he declared, "drug use is too costly for us not to do everthing in our power, not just to fight it, but to subdue it and conquer it."

Ninety days later, Reagan submitted a budget that chopped $1 billion out of the fiscal 1988 drug budget. He proposed doing away with the $225 million program for State and local drug enforcement, reducing drug education money from $500 million to $100 million, and cutting money for drug treatment in half. This budget betrayed a disturbing lack of commitment by the administration to battle the drug problem, and pulled the carpet out from under anti-drug programs that were just beginning to gear up.

Although Congress has restored some of the funding to these drug programs the administration budget devastated the moral of those individuals setting up law enforcement, education, and treatment programs. They saw the drug bill as a starting point. Instead, it became painfully clear that continued consistent support could not be counted on. These professionals avoided long-term commitments such as expanding program capacity of hiring additional staff. Therefore, many potential benefits from the drug bill were never realized.

Even the money that was appropriated last year has not yet reached the local municipalities, where it is badly needed. According to an October survey released by the U.S. Conference of Mayors, only 17 cities have received any of the millions of dollars in Federal aid promised last year.

Not only has the administration failed to provide consistent funding for the anti-drug effort, it has also failed to provide desperately needed leadership. The National Drug Policy Board, which is chaired by the Attorney General, is responsible for coordinating the work of the Federal anti-drug agencies. However, one of the most pervasive problems in the last year has been a lack of cooperation between the agencies.

Interagency squabbles between the Justice Department's Drug Enforcement Agency and the Health and Human Services Department's National Institute on Drug Abuse delayed the publication of the official Government report on the supply of illicit drugs to the United States by nearly a year. Even when this report did come out, it was filled with disparities and conveyed the sense that the administration does not even have a very clear view of the size and nature of the drug problem. For example, it reported that marijuana use had dropped 4,000 tons, while at the same time claiming that the amount of marijuana available for consumption had risen dramatically. How is the drug policy board going to define an effective, comprehensive drug policy and measure its success, if it does not even know what problems it is trying to solve?

While spending on drug treatment and prevention programs have declined from $200 million in 1982 to $126 million in 1986, a customs service study, which was released in October, indicates that it is precisely these programs which are some of the most cost-effective. For every dollar spent on treatment and education, the study found that cocaine consumption decreased by 1.6 percent. In contrast, every dollar spent on Federal law enforcement only reduces cocaine consumption by 0.24 percent. Clearly, the administration needs to carefully reevaluate its approach to fighting drugs. In this time of tight budgetary constraint, we must spend every tax dollar as wisely as we can.

Jurisdictional overlaps have caused turf battles that have impaired interdiction efforts by Federal law enforcement officials.

I would like to acknowledge that there have been some successes in the last year as well. Operation Pisces led to the seizure of more than twice 19,000 pounds of cocaine. Operation Alliance has seized twice the amount of marijuana as last year and four times the amount of cocaine.

However, more can be done. I look forward to hearing from all of you today to help us learn more about the problems, the successes and the solutions for making the war on drugs more effective. Devoting the necessary resources to this problem is fundamentally important, however, we are all aware that these funds do have limits. Therefore, I would be especially interested in hearing ways existing monies can be spent more effectively and how this can be improved in other ways.

Senator BIDEN. Mr. Keating.

STATEMENT OF A PANEL CONSISTING OF FRANCIS A. KEATING II, ASSISTANT SECRETARY OF THE TREASURY FOR ENFORCEMENT, AND ACTING CHAIRMAN, DRUG ENFORCEMENT COORDINATION GROUP, NATIONAL DRUG POLICY BOARD; AND DONALD IAN MacDONALD, ADMINISTRATOR, ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION, AND CHAIRMAN, DRUG PREVENTION AND HEALTH COORDINATING GROUP, NATIONAL DRUG POLICY BOARD

Mr. KEATING. Thank you, Mr. Chairman. I have provided a formal written statement which I would ask be included in the record, but I do have some brief, informal remarks with a view toward giving the Caucus an overview appreciation of what it is that the National Drug Policy Board seeks to do, how it is organized, and what its successes have been to date.

By way of background, Mr. Chairman and members of the Caucus, the National Drug Policy Board was created by a Presidential executive order on March 26, 1987. It oversees all federal drug control efforts.

The Policy Board expands and enhances the activities of the old National Drug Enforcement Policy Board to include efforts to reduce the demand for drugs in the United States, as well as those to reduce their supply.

As you know, the National Drug Enforcement Policy Board was created by the National Narcotics Act of 1984 which took effect on January 25, 1985. This high-level Board of the Federal Government was charged with the development and coordination of U.S. policy and strategy with respect to drug law enforcement efforts.

Prior to March 26, 1987, policy development on the demand side of our anti-drug effort was lodged in the Domestic Policy Council, also chaired by the Attorney General and assisted by the White House Office of Drug Abuse Policy.

The new Board serves as the Cabinet-level forum for significant policy decisions, interagency coordination and information exchange within the drug law enforcement and drug prevention and health communities.

The Board, which meets monthly in the White House, is chaired by the Attorney General and vice-chaired by Dr. Otis Bowen, Secretary of the Department of Health and Human Services.

Other members of the Board, effective in March 1987, include the Secretaries of State, Defense, Treasury, Transportation, Education, Energy, Commerce, Labor, Housing and Urban Development, Interior, and Agriculture, the Directors of Central Intelligence and the Office of Management and Budget, and representatives from both the President and the Vice President's offices.

Within the new policy structure, there are two coordinating groups, each comprised of department assistant secretaries, heads of agencies, and other senior officials from organizations represented on the Board.

As you have noted, Mr. Chairman, I am the Acting Chairman of the Drug Enforcement Coordinating Group. In addition, a Drug Prevention and Health Coordinating Group has been established, chaired by Dr. Donald Ian MacDonald, Director of the White House Drug Abuse Policy Office who is with me today.

Now, Mr. Chairman, if you note, to the right we have a chart which represents how the Drug Policy Board has been created effective in March 1987 and how it functions. As I have indicated, the Attorney General acts as Chairman, and we have divided into two parts the critical issues, the policy development, strategy formulation, resource analysis and distribution questions which the National Drug Policy Board is charged by executive order and statute to oversee.

In the President's Executive order, the President provided that the question of policy and the question of strategy and resource allocations would be vested in this Board, but as the Congress has indicated in the Drug Abuse Act of 1984, this board would not seek to micro-manage—by law, we are not permitted to micro-manage any of the day-to-day operations of any Federal law enforcement agency.

On the left is the Coordinating Group on Drug Enforcement, which handles, Mr. Chairman, the supply side issues, which I chair. That is composed of a series of standing committees—one, interdiction; two, investigations; three, prosecutions; four, intelligence; and, fifth, international.

On the Coordinating Group of Drug Abuse Prevention and Health, the drug demand side issues, that is chaired by Dr. MacDonald and there are several standing committees of that group—treatment, high-risk youth, prevention, education, and mainstream adults. The Drug Policy Board enforcement group meets on a monthly basis. The prevention and health group meets also on a monthly basis.

I would like to mention very briefly, Mr. Chairman and members, the responsibility of the Law Enforcement Coordinating Group, which is the group of which I am acting chair. As I have indicated, we have a series of standing committees.

The purpose of these committees is to bring together, which has really been in an unprecedented fashion, all of the Federal law enforcement family. Sitting on that group with me are the Director of the FBI, the Administrator of DEA, the Commissioner of the Immigration and Naturalization Service, the Commissioner of the Customs Service, the Director of the Bureau of Alcohol, Tobacco and Firearms, and representatives of other agencies and departments of the government, significant agencies and departments which have Federal law enforcement responsibility.

After the President by Executive order created the Drug Policy Board and the two subgroups of law enforcement as well as prevention and health, we concluded that the best way to pursue our agenda to bring together significant policymakers, to attempt to develop policy and strategy, to recommend to the Congress administrative changes, regulatory changes, and statutory changes, and to see to it that the moneys of the taxpayers allocated to us by the Congress were intelligently spent, was to create these five committees.

The Intelligence Committee is chaired by Jack Lawn, who is the Administrator of the Drug Enforcement Administration. At the present time, that committee as well as the other committees have been charged with putting together a lead agency strategy.

That means sitting down with other representatives of the Federal law enforcement family, including, of course, the intelligence community, to determine what are we doing wrong in the intelligence area and what do we need to do to make it right.

Mr. Lawn has developed a lead agency strategy in consultation with other members of his committee, and that strategy has been presented to the Drug Policy Board. It is being masticated now and tomorrow at the Drug Policy Board meeting, we will consider at that time certain specific recommendations. Hopefully, shortly after the first of the year, the strategy will be presented formally for implementation, and any recommendations for regulatory change or statutory change will be forthcoming.

In addition to the Intelligence Committee, the Interdiction Committee is probably one of the most important, certainly, to Senator Graham and Senator DeConcini in the interdiction area.

We have brought together under the leadership of the U.S. Customs Service, again in an unprecedented fashion, all of the interdiction agencies and the interdiction resources of the government.

The Commissioner of Customs, Commissioner von Raab, is the Chairman. The permanent Vice Chairman is Admiral Paul Yost, who is the Commandant of the Coast Guard. Participation in that committee also includes the Border Patrol.

The Interdiction Committee has been charged with putting together a comprehensive interdiction strategy for the federal agencies of the United States and, of course, to bring into that strategy actively State and local law enforcement. That has been done. It was done shortly after the strategy request was made. It has been reviewed by the Policy Board.

Certain recommendations of that interdiction strategy will be debated and decided, hopefully, tomorrow at the Policy Board meeting; if not tomorrow, certainly shortly after the first of the year.

The International Committee is chaired by the State Department, Assistant Secretary Ann Wrobleski. The purpose of that strategy is to much more aggressively, and I think effectively, deal with transit countries, source countries, producing countries, as well as consuming countries, in a view toward having all of our world community realize that this is a crisis of world proportions, not simply a crisis in the United States.

In addition to the three committees I have mentioned, we also have the Investigations Committee of the Drug Policy Board enforcement group. That committee is also chaired by Jack Lawn, the Administrator of DEA.

The purpose again there is to bring together efficiently and effectively the investigative responsibilities of the Federal Government, particularly the FBI, as well as the Customs Service, to provide a better work product, to arrest more people, to forfeit more assets with fewer resources as a result of sharing jurisdiction and sharing assets, something that we have very effectively done especially with Operation Alliance on the Southwest border.

The last committee is the Prosecutions Committee, chaired by the Justice Department, Assistant Attorney General Bill Weld. That committee seeks to follow the lead of the Investigations Committee to make sure that prosecution assets are available following the need as detailed by the Investigations Committee.

It was our view that it is important to have the investigators, the law enforcement community, determine what the problem is and where the resources should go. Once that is done, the prosecutors through the Prosecutions Committee will seek to make sure that that investigation strategy is carried out as a result of having the prosecutors and the assistant U.S. attorneys available. Corrections is also a part of that.

I might mention in conclusion, Mr. Chairman, that we have two special committees of the Drug Policy Board. One is the Southwest border's Operation Alliance, which I chair. The second is financial enforcement, which I also chair, with a view toward making it difficult for drug traffickers to survive if we are in a position, as we are as a result of action of this Congress, to seize and forfeit their assets.

We are seeking to bring together the intelligence community and all of the investigative agencies with a view toward placing real emphasis on the financial side of drug trafficking. It is a $110 billion a year industry. It is something that we really, truthfully, have not done enough of.

The Operation Alliance part of the Drug Policy Board has been, I think, a star in our crown. It has been immensely successful. Our asset seizures and our arrests are dramatically up by nearly 200 percent in 1 year.

Alliance has been in existence for 1 year and it is an example, as I believe Senator DeConcini knows, of how the Federal Government can do it right if we bring together the Federal family and if we share jurisdiction.

For example, in Operation Alliance the Customs Service was given to the Border Patrol Title 19 customs authority to permit Border Patrol officers not to look in trunks of automobiles alone for illegal aliens, but under hub caps for illegal drugs as well.

We have also shared and received from DEA Title 21 authority to the Customs Service to give Customs officers there at the border authority to conduct investigations and to make arrests.

We have brought in State and local government in an active way. They play a vital role in the leadership of Alliance. They sit on the joint command group which is headquartered in El Paso. They play a role in our drug border smuggling operations, in a very decisive leadership role as well.

As a result of Alliance, we have turned over millions of dollars of seized assets to State and local government on the Southwest border. In the last 2 years alone, the Customs Service has shared some $8 million with State and locals. I am informed that the total is somewhere in the neighborhood of $45 million.

We have a policy at Alliance that every asset we seize with participating support from State and local government, we will share 100 percent with the State and locals to encourage them to participate with us in what truthfully is largely a federal function.

To conclude our formal presentation, Mr. Chairman, I would ask that Dr. MacDonald now share with you the prevention and health side of the Drug Policy Board.

[Prepared statement follows:]

TESTIMONY

OF

FRANCIS A. KEATING, II
ASSISTANT SECRETARY OF THE TREASURY (ENFORCEMENT)
NATIONAL DRUG POLICY BOARD
ACTING CHAIRMAN, DRUG ENFORCEMENT COORDINATION GROUP

MR. CHAIRMAN, I AM PLEASED TO APPEAR BEFORE YOU TODAY ON BEHALF OF THE NATIONAL DRUG POLICY BOARD REGARDING THE STATUS OF FEDERAL DRUG CONTROL PROGRAMS ONE YEAR AFTER THE ANTI-DRUG ABUSE ACT OF 1986 WAS ENACTED. WITH ME TODAY IS DR. MACDONALD, DIRECTOR OF THE NATIONAL INSTITUTE OF DRUG ABUSE WHO WILL SPEAK TO THE DRUG PREVENTION AND HEALTH ISSUES. I WILL GIVE YOU A REPORT ON THE IMPLEMENTATION OF THE ANTI-DRUG ABUSE ACT (ADAA) OF 1986 AND THE BACKGROUND OF THE BOARD ITSELF.

IMPLEMENTATION OF THE ADAA

AS A RULE, IMPLEMENTATION OF THE BILL'S PROVISIONS HAS BEEN LEFT TO THOSE DEPARTMENTS AND AGENCIES RESPONSIBLE FOR SUCH AS INDICATED IN THE ACT. THIS IS CONSISTENT WITH THE BOARD'S RESPONSIBILITY, AS STATED IN THE NATIONAL NARCOTICS ACT OF 1984, "NOT TO INTERFERE WITH THE ROUTINE LAW ENFORCEMENT OR INTELLIGENCE DECISIONS OF ANY AGENCY...."

IN TWO AREAS, HOWEVER, THE BOARD HAS, CONSISTENT WITH ITS MANDATE, BECOME MORE DIRECTLY INVOLVED IN ADAA IMPLEMENTATION. FIRST, AS NECESSARY AND APPROPRIATE, THE BOARD HAS PROVIDED GENERAL OVERSIGHT TO ADAA IMPLEMENTATION. THIS HAS INCLUDED BOTH MONITORING PREPARATION OF THE 60-PLUS REPORTS REQUIRED BY THE ADAA AND PERIODICALLY SURVEYING RESPONSIBLE AGENCIES REGARDING ACT IMPLEMENTATION. SECOND, WHERE THERE HAS BEEN CONFUSION, DISPUTE OR THE NEED FOR INCREASED COORDINATION REGARDING PROVISIONS OF THE ADAA, THE BOARD HAS PROVIDED ASSISTANCE. FOR EXAMPLE:

(1) C3I. THE COMMAND, CONTROL AND LOCATION OF THE C3I CENTERS PROVIDED FOR IN THE ADAA WERE DETERMINED UNDER THE AUSPICES OF THE NDPB. AN AGREEMENT OF THESE ISSUES WAS SIGNED BY THE CUSTOMS COMMISSIONER AND COAST GUARD COMMANDANT ON MARCH 16, 1987.

(2) U.S.-BAHAMAS DRUG INTERDICTION TASK FORCE. UNDER THE AUSPICES OF THE ENFORCEMENT COORDINATING GROUP, A TASK FORCE WAS ESTABLISHED AND INTEGRATED INTO THE ONGOING OPERATION OPBAT IN THE BAHAMAS AND TURKS AND CAICOS ISLANDS. AS PART OF THIS EFFORT AND AS PROVIDED FOR IN THE ACT, $10 MILLION WAS USED TO ACQUIRE AND EQUIP THREE BAHAMIAN-BASED HELICOPTERS AND SECURE COMMUNICATIONS EQUIPMENT.

ONE SHOULD ALSO NOTE THAT THE LEGAL, MATERIAL AND MANPOWER RESOURCES PROVIDED FOR IN THE ACT PLAY AN IMPORTANT ROLE IN THE COMPREHENSIVE STRATEGY THE BOARD IS NOW DEVELOPING. FOR EXAMPLE, THE "MONEY LAUNDERING CONTROL," "JUVENILE DRUG TRAFFICKING" AND "DRUG POSSESSION PENALTY" ACTS OF 1986 ARE IMPORTANT COMPONENTS OF THE PROSECUTION COMMITTEE STRATEGY. THE ADDITIONAL MANPOWER AND PHYSICAL ASSETS, SUCH AS E2C AND P-3 AIRCRAFT AND AEROSTATS, AS THEY CONTINUE TO COME "ON-LINE," WILL GREATLY ASSIST THE SOUTHWEST BORDER INITIATIVE KNOWN AS OPERATION ALLIANCE. MOREOVER, AS THE BOARD MONITORS IMPLEMENTATION OF ITS NATIONAL AND INTERNATIONAL STRATEGY, THE EFFECTIVENESS OF ADAA PROVISIONS AND RESOURCES WILL NECESSARILY BE EXAMINED AS WELL.

WITH REGARD TO GRANTS PROVIDED BY THE DRUG ABUSE ACT, AS OF SEPTEMBER 1987, OVER $191 MILLION OF THE $225 MILLION APPROPRIATED (THROUGH THE ADAA OF 1986) FOR FEDERAL FORMULA AND DISCRETIONARY GRANTS TO STATE AND LOCAL LAW ENFORCEMENT AGENCIES HAS BEEN AWARDED. ALL 50 STATES HAVE SUBMITTED DRUG LAW ENFORCEMENT STRATEGIES ALONG WITH THEIR APPLICATIONS FOR THE GRANTS; AND 44 HAVE BEEN APPROVED THUS FAR.

POLICY BOARD BACKGROUND

BY WAY OF BACKGROUND, THE NATIONAL DRUG POLICY BOARD WAS CREATED BY A PRESIDENTIAL EXECUTIVE ORDER ON MARCH 26, 1987. IT OVERSEES ALL FEDERAL DRUG CONTROL EFFORTS. THE POLICY BOARD EXPANDS AND ENHANCES THE ACTIVITIES OF THE OLD NATIONAL DRUG ENFORCEMENT POLICY BOARD TO INCLUDE EFFORTS TO REDUCE THE DEMAND FOR DRUGS IN THE UNITED STATES AS WELL AS THOSE TO REDUCE THEIR SUPPLY. AS YOU KNOW, THE NATIONAL DRUG ENFORCEMENT POLICY BOARD WAS CREATED BY THE NATIONAL NARCOTICS ACT OF 1984 WHICH TOOK EFFECT ON JANUARY 25, 1985. THIS HIGH LEVEL BOARD OF THE FEDERAL GOVERNMENT WAS CHARGED WITH THE DEVELOPMENT AND COORDINATION OF UNITED STATES POLICY AND STRATEGY WITH RESPECT TO DRUG LAW ENFORCEMENT EFFORTS. PRIOR TO MARCH 26, 1987, POLICY DEVELOPMENT ON THE DEMAND SIDE OF OUR ANTI-DRUG EFFORT WAS LODGED IN THE DOMESTIC POLICY COUNCIL, ALSO CHAIRED BY THE ATTORNEY GENERAL AND ASSISTED BY THE WHITE HOUSE OFFICE OF DRUG ABUSE POLICY.

THE NEW BOARD SERVES AS THE CABINET-LEVEL FORUM FOR SIGNIFICANT POLICY DECISIONS, INTERAGENCY COORDINATION AND INFORMATION EXCHANGE WITHIN THE DRUG LAW ENFORCEMENT AND DRUG PREVENTION AND HEALTH COMMUNITIES.

THE BOARD, WHICH MEETS MONTHLY IN THE WHITE HOUSE, IS CHAIRED BY THE ATTORNEY GENERAL AND VICE-CHAIRED BY DR. OTIS BOWEN, SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. OTHER MEMBERS OF THE NEW BOARD INCLUDE: THE SECRETARIES OF STATE, DEFENSE, TREASURY, TRANSPORTATION, EDUCATION, ENERGY, COMMERCE, LABOR, HOUSING AND URBAN DEVELOPMENT, INTERIOR AND AGRICULTURE, THE DIRECTORS OF CENTRAL INTELLIGENCE AND THE OFFICE OF MANAGEMENT AND BUDGET, AND REPRESENTATIVES FROM BOTH THE PRESIDENT'S AND VICE PRESIDENT'S OFFICES.

WITHIN THE NEW POLICY STRUCTURE, THERE ARE TWO COORDINATING GROUPS, EACH COMPRISED OF DEPARTMENT ASSISTANT SECRETARIES, HEADS OF AGENCIES, AND OTHER SENIOR OFFICIALS FROM ORGANIZATIONS REPRESENTED ON THE BOARD. I AM THE ACTING CHAIRMAN OF THE DRUG ENFORCEMENT COORDINATING GROUP. IN ADDITION, A DRUG PREVENTION AND HEALTH COORDINATING GROUP HAS BEEN ESTABLISHED, CHAIRED BY DR. DONALD I. MACDONALD, DIRECTOR OF THE WHITE HOUSE DRUG ABUSE GROUP.

LEAD AGENCIES ARE DESIGNATED FOR A SPECIFIC FUNCTION OR AREA. THEY DEVELOP AND COORDINATE PLANS, AND ARE RESPONSIBLE FOR THEIR IMPLEMENTATION ONCE APPROVED BY THE COORDINATING GROUPS AND THE BOARD.

THE DRUG ENFORCEMENT COORDINATING GROUP IS RESPONSIBLE FOR COORDINATING FEDERAL ACTIVITIES AND INITIATIVES TO REDUCE THE SUPPLY OF ILLICIT DRUGS. FUNCTIONAL DELINEATION OF ACTIVITIES IS SPECIFIED FOR INTERAGENCY COORDINATION IN THE FOLLOWING AREAS: INVESTIGATIONS, PROSECUTION, INTERNATIONAL PROGRAMS, INTELLIGENCE AND INTERDICTION.

INVESTIGATIONS

THE DRUG ENFORCEMENT ADMINISTRATION (DEA) IS THE LEAD FEDERAL AGENCY RESPONSIBLE FOR DRUG INVESTIGATIONS.

PROSECUTION

THE JUSTICE DEPARTMENT IS THE LEAD FEDERAL AGENCY FOR THE PROSECUTION OF DRUG TRAFFICKING INVESTIGATIONS AND RELATED CRIMES.

INTERNATIONAL PROGRAMS

THE STATE DEPARTMENT IS THE LEAD FEDERAL AGENCY RESPONSIBLE FOR COORDINATING U.S. DRUG CONTROL EFFORT OVERSEAS.

INTELLIGENCE

THE DRUG ENFORCEMENT ADMINISTRATION (DEA) IS THE LEAD FEDERAL AGENCY RESPONSIBLE FOR DRUG ENFORCEMENT INTELLIGENCE.

INTERDICTION

THE CUSTOMS SERVICE IS THE LEAD FEDERAL AGENCY RESPONSIBLE FOR THE INTERDICTION OF ILLICIT DRUGS INTO THE UNITED STATES; COAST GUARD IS THE PRINCIPAL DEPUTY.

THE DRUG PREVENTION AND HEALTH COORDINATING GROUP IS RESPONSIBLE FOR DRUG PREVENTION, EDUCATION, REHABILITATION, TREATMENT AND RESEARCH.

TREATMENT

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IS THE LEAD AGENCY FOR FEDERAL ACTIVITIES INVOLVING TREATMENT, REHABILITATION, AND RESEARCH RELATING TO DRUG USERS.

HIGH RISK YOUTH

THE JUSTICE DEPARTMENT IS THE LEAD AGENCY FOR DEVELOPING, COORDINATING, AND IMPLEMENTING ALL FEDERAL ACTIVITIES TO REDUCE DRUG USE BY HIGH-RISK YOUTHS.

MAINSTREAM ADULTS

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IS RESPONSIBLE FOR REDUCING DRUGS IN THE WORKPLACE.

PREVENTION EDUCATION

THE DEPARTMENT OF EDUCATION IS THE LEAD AGENCY FOR PROGRAMS TO REDUCE DRUG USE IN THE SCHOOLS.

RECENT DRUG POLICY ACHIEVEMENTS

MUCH OF THE BOARD'S WORK, AS WELL AS THAT OF ITS COORDINATING GROUPS OCCURS "BEHIND THE SCENES" BY FACILITATING, ENCOURAGING, AND PROVIDING ADVICE IN SUPPORT OF INDIVIDUAL AGENCY AND INTERAGENCY OPERATIONS. HOWEVER, THE BOARD HAS ALSO BEEN INTIMATELY INVOLVED IN SIGNIFICANT POLICY DECISIONS. IN THE PAST YEAR, THE BOARD OVERSAW A NUMBER OF SIGNIFICANT DRUG LAW ENFORCEMENT ACTIVITIES SOME OF WHICH I WOULD LIKE TO HIGHLIGHT FOR YOU:

o INTERNATIONAL PROGRAMS - ERADICATION: IN OUR CONTINUING EMPHASIS IN TRYING TO STOP DRUGS AT THEIR SOURCE, WE HAVE EXPANDED OUR ENCOURAGEMENT AND SUPPORT OF SOURCE COUNTRY ERADICATION. IN 1981, 2 FOREIGN COUNTRIES WERE ERADICATING DRUG CROPS WITH OUR ENCOURAGEMENT. IN 1986, THE NUMBER JUMPED TO 20. COLOMBIA HAS MADE REMARKABLE PROGRESS IN DRUG ERADICATION. DEA REPORTS THAT COLOMBIA HAS ERADICATED OVER 80 PERCENT OF ITS DOMESTIC MARIJUANA CROP IN 1987.

o INTERNATIONAL PROGRAMS - ENFORCEMENT: WHILE THE EXTRADITION OF CARLOS LEHDER FROM COLOMBIA TO STAND TRIAL IN THE UNITED STATES WAS A COURAGEOUS ACT BY THE BELEAGUERED COLOMBIAN

AUTHORITIES, IT ALSO DEMONSTRATES THE WISDOM OF OUR EFFORTS TO SECURE IMPROVED EXTRADITION TREATIES. PROMPTING EXTRADITION OF DRUG TRAFFICKERS IS A HIGH PRIORITY OF OUR INTERNATIONAL DRUG LAW ENFORCEMENT DIPLOMATIC EFFORTS.

o SOUTHEAST BORDER AIR INTERDICTION: A COMPREHENSIVE POLICY BOARD STAFF STUDY EXAMINED AIR AND RELATED MARINE INTERDICTION CAPABILITIES ALONG THE SOUTHEAST BORDER, AND PRESENTED A VARIETY OF OPTIONS AND RECOMMENDATIONS FOR GREATLY ENHANCING THE EFFECTIVENESS OF THOSE CAPABILITIES. E-2C AIRCRAFT, AEROSTAT RADAR, C3I FACILITIES, AND OTHER ADDITIONAL RESOURCES ARE BEING DEPLOYED TO ENHANCE OUR AIR INTERDICTION SYSTEM.

o FEDERAL PRISON SITUATION: THE POLICY BOARD IS REVIEWING THE FEDERAL PRISONER AND IMMIGRATION SITUATION AND IS EXAMINING OPTIONS FOR PRE-TRIAL DETENTION SPACE, PRISON AND IMMIGRATION SPACE OVER THE NEXT 5 YEARS. OVER ONE-THIRD OF ALL CURRENT FEDERAL PRISONERS WERE CONVICTED OF DRUG OFFENSES. ENHANCED PENALTIES MANDATED BY THE ANTI-DRUG ABUSE ACT OF 1986 AND THE SENTENCING COMMISSION GUIDELINES WILL LIKELY INCREASE THAT NUMBER, FURTHER STRAINING PRISON CAPACITY.

o FEDERAL DRUG RESOURCE ALLOCATION: ADDRESSING ITS BUDGET RESPONSIBILITIES, THE POLICY BOARD MOUNTED AN IMPORTANT EFFORT TO BRING GREATER CONSISTENCY TO REPORTING OF DRUG LAW ENFORCEMENT SPENDING. THE BOARD REQUESTED OMB TO DEVISE A STANDARD METHODOLOGY FOR DETERMINING WHAT PORTION OF AN AGENCY'S SPENDING HAS BEEN ALLOCATED FOR DRUG CONTROL PURPOSES, AND FURTHER, TO WHICH STRATEGY COMPONENT THIS SPENDING MAY BE ATTRIBUTED. THIS ACTIVITY WILL IMPROVE THE UNDERSTANDING OF HOW FEDERAL DOLLARS ARE SPENT AND HELP THE BOARD DETERMINE THE MOST EFFECTIVE AND EFFICIENT USE OF FEDERAL RESOURCES.

o OPERATION ALLIANCE: THE POLICY BOARD ANALYZED THE SEVERE AND GROWING DRUG PROBLEMS ALONG THE SOUTHWEST BORDER AND ESTABLISHED A SUBCOMMITTEE OF THE BOARD'S COORDINATING GROUP TO OVERSEE PLANS FOR A CAREFUL RESPONSE. IN TURN, UNDER THE AUSPICES OF THE POLICY BOARD, OPERATION ALLIANCE WAS ESTABLISHED. BEGUN IN 1986 AND COORDINATED WITH NNBIS, OPERATION ALLIANCE IS DESIGNED TO CHOKE OFF THE RAPIDLY INCREASING FLOW OF DRUGS ACROSS THE U.S.-MEXICAN BORDER. THIS UNPRECEDENTED INTERAGENCY EFFORT ALONG THE SOUTHWEST BORDER INVOLVES THOUSANDS OF FEDERAL, STATE AND LOCAL LAW ENFORCEMENT OFFICIALS AND SOPHISTICATED NEW EQUIPMENT TO FIGHT DRUG TRAFFICKING ALONG THE ENTIRE 2,000 MILE BORDER AND ADJACENT WATER.

o STRATEGIC PLANNING: THE NATIONAL DRUG POLICY BOARD IS CURRENTLY REVIEWING FEDERAL DRUG ABUSE AND ENFORCEMENT STRATEGIES AS PROPOSED BY ITS LEAD AGENCIES. THE BOARD HAS BEEN BRIEFED ON THESE STRATEGIES AND WILL MAKE RECOMMENDATIONS TO THE PRESIDENT ON THE DIRECTION AND CONTENT OF THE PLANS.

IN CONCLUSION LET ME STRESS THAT THE POLICY BOARD DOES NOT HAVE DAY-TO-DAY OPERATIONAL RESPONSIBILITY FOR DRUG LAW ENFORCEMENT. WE DO HAVE POLICY RESPONSIBILITY TO FACILITATE THE COORDINATION OF OPERATIONS AND POLICY UNDER THE TERMS OF THE NATIONAL NARCOTICS ACT OF 1984. WE DO NOT MICRO-MANAGE THE OPERATIONS OF ENFORCEMENT AGENCIES. THOSE DOING THE JOB IN THE FIELD ARE NORMALLY GIVEN THE FLEXIBILITY, WITHIN LEGAL CONSTRAINTS, TO GET THE JOB DONE IN CONCERT WITH OUR OVERALL NATIONAL STRATEGY. WHEN AN INTERAGENCY COORDINATION OR COOPERATION PROBLEM SURFACES, WE DEAL WITH IT AT THE POLICY BOARD. WE WELCOME YOUR CONCERN AND INTEREST IN THIS PROCESS.

THIS CONCLUDES MY PREPARED STATEMENT. FOLLOWING MR. MACDONALD'S STATEMENT, WE WOULD BE HAPPY TO RESPOND TO ANY SPECIFIC QUESTIONS YOU MAY HAVE.

Senator **Biden**. Thank you.

Dr. MacDonald.

STATEMENT OF DONALD IAN MacDONALD

Dr. **MacDonald**. Senator Biden and members of the——

Senator **Biden**. How would you like to be addressed, Doctor, as your rank? I am not being facetious.

Dr. **MacDonald**. Either by my first name or by rank—my first name is Ian—or Mac or Doctor. [Laughter.]

What do I care? People sometimes have trouble addressing physicians as anything other than M.D.'s or doctors, but call me what you want to call me. I hope you call me nice things after this is over.

Senator **DeConcini**. Do not worry; we will. [Laughter.]

Dr. **MacDonald**. With your permission, I would like to take my prepared statement and——

Senator **Biden**. I will try my best to protect you from Senator DeConcini. [Laughter.]

Dr. **MacDonald**. Well, we have got the Senator from Florida and I vote in his State, so I feel comfortable here.

Senator **Biden**. I think that is a warning, Senator.

Dr. **MacDonald**. The question that has been asked so often is has the Anti-Drug Abuse Act of 1986 strengthened the national program, and I would agree with you, Senator Biden, that indeed it has.

Obviously, there are still problems and the war is not won and we have got a way to go, and I think the credit for what has happened belongs to you Members of Congress, to the President, and to the executive branch, but I think perhaps most importantly the American people, who have said they have had enough.

In terms of how are we doing, I guess it depends on how you look at it. It is the half full-half empty glass, the good news-bad news thing. There really are some bad things still ahead of us, and your charts pointed those out.

I would like to just comment a little on the one chart, the first chart you had up which showed rising emergency room mentions for cocaine, heroin and marijuana in recent years. That is a startling figure.

If you looked at reports of deaths, you would see that is up. If you looked at reports of related crime, as Mayor Berkley mentioned, you would see that is up. If you looked at people seeking treatment, you would see that is up. That is all terrible news.

I think it reflects not so much a failure of our present program, but it is 20 years of neglect where we called these drugs harmless, normal phase, use them responsibly, victimless crime, and we are now suffering the consequences of that terrible period.

The marijuana number, for instance—there are fewer users of marijuana in the country now than there were a couple of years ago. Unfortunately, the marijuana is stronger and, unfortunately, some of the complications of marijuana take a while to develop.

You and I talked about cocaine, and just to repeat that, the number of cocaine users in the country, we believe, is relatively stable at around 12 million annual users. But within that pool of users, we are running into people who are unable to control their habit. We could have told them that ahead of time.

The number of current users—that is, people who have used in the last month—has increased from a little over 4 million to almost 6 million, and those people are in trouble.

Senator BIDEN. The number of what users? Repeat that.

Dr. MACDONALD. We call them current users.

Senator BIDEN. Explain what you mean by that.

Dr. MACDONALD. Current users means have you used within the last month.

Senator BIDEN. Right.

Dr. MACDONALD. Some of those people use every day, but that is the number. That number is now, in the 1985 household survey, 5.8 million Americans.

Senator BIDEN. And likely to go up, not down, for the reasons you stated.

Dr. MACDONALD. And likely to go up, because one of the things we know about cocaine is it is a very powerfully reinforcing drug. Those people who begin it, wanting to use it for an occasional pattern, obviously are running out of time.

So what we are seeing in that emergency room is really made up of two populations, I believe. One is the population that began their use in the early 1980's thinking it was safe and now are running out of time, and then crack, or the inhaled forms of cocaine came along and what they gave you was more toxic effects quicker, so you got both coming.

We have not done a national survey since the unfortunate Len Bias-Don Rogers tragedy. The first look that we will have at trends is the National High School Senior Survey, which will be out either this month or next month, reflecting high school use in May 1987.

I have no way of knowing and I have not even looked at the data at all, but I suspect we are going to see a real downturn in high school seniors' use, so there is good news in that sense.

But what we live with is those 12 million users, with 23 million Americans who used illicit drugs last month, with 38 million Americans who used illicit drugs last year. Obviously, we have got to focus a strategy on them that is more than education and prevention because these people have heard the message.

The good news is, as Senator Wilson said, the American people are outraged and want to see this thing stopped. They are no longer talking in terms of this as a phase normal adolescents should go through. They have had it, we have had it, and the numbers are looking better for the younger people and for the new entrants in the field.

In explaining the other chart, the demand side model here, there is a lot of difference between focusing on demand and supply. I would agree with you very strongly that demand is what counts.

I do not care how much cocaine is laying in the street as long as nobody is using it. It is how many people are using, how old are they, how often are they using, how much are they running into trouble that really is the important issue. That is not to say that I am not in favor of reducing the availability as a way of controlling demand.

The trouble with demand side is that the Federal Government does not have the same handle on that that you do on the supply side. We do not tell parents how to raise their kids. We do not tell kids how to behave on weekends. We do tell the Coast Guard what coast to patrol and the Customs what to do and the DEA what to do.

So on the supply side it is very easy for us to direct efforts, but when we are talking about changing behavior, and behavior that we may not measure for 5 or 10 years, it is much harder to get a grip on it.

Looking at numbers of Federal dollars as a way of judging progress is a measure, but not nearly as important as the measure of what happens at the far end in terms of real behavior, and we have to remember that.

So some of the frustration of not seeing anything happen is understanding that the educational money that was voted last year and has gotten to the schools is just entering a new school year. It is just beginning to be in place and what results it will have we may not know for a fairly long period of time.

The important thing to remember on the demand side is that the work is really not being done here. It is being done in homes, it is being done by the media, it is being done by kids, it is being done elsewhere. It really is the grass-roots effort that got us most interested, and continues to be that, and we have to look at that.

What is the Federal role? Well, the Federal role is obviously important. We do not put the first dollar into treatment, nor do we put the most dollars in, but we do make a contribution. We provide technical assistance, we provide knowledge transfer. I hope we provide good role models. I hope we give them a leadership that says it is important that you spend time with your kids and do not use drugs, and the Nancy Reagan model is a perfect example of what national leadership can be.

This model here, this four-block model that you see in front of you—another credential I have is I am a pediatrician, so I always go to blocks—is to divide the population up not by agencies, but by areas of need.

The top two blocks deal with younger people, and obviously the college age fits somewhere in between. There are problems of older adults that are different than younger adults. So there is really a downward progression of concern or different issues.

Senator **Biden**. What do you mean by mainstream adults?

Dr. **MacDonald**. Mainstream adults, Senator, refers to those healthy Americans, maybe 180 million of us, that do not really have any underlying problems except the normal stress of business.

They are different than the adults moving further to the right that have underlying difficulties. They do not know how to read, do not know how to find a job, have psychiatric disturbances, have underlying medical problems.

As you move to the right, you run into co-morbidity. The same is true in the kids. Most kids in this country come from relatively good support systems. Others do not—dysfunctional families, kids with difficulties. All kids can be seen as high-risk because of the nature of being a kid, but the more you move to the right, the harder it becomes.

The issue has often been do kids get into trouble because they have got problems themselves or do the drugs cause the problem? Well, as you are on the left side of that thing, it is mainly the drugs; it is the acceptance of them as normal, having them at parties for kids, that drives the left side of the equation.

The right side of the equation is more often driven by kids that are in difficulty looking for ways out. You also run into that on the far side; that is, the same kids who are pregnant, the same kids who are committing suicide, moving to the right.

So we have divided it up into four groups, each of those having a lead agency. The one area where we do the best is education and prevention, 15 Federal agencies involved with that group, now chaired by the Department of Education.

Treatment is the most expensive, most difficult to deal with. That is the area of criminals, that is the area of AIDS, that is the area of poverty, that is the area of all sorts of underlying difficulties, the hardest to get a grip on, all important, and we are looking at a strategy that will deal with all of them.

But the mainstream adults, we see in a couple of ways. We would like to say that most of those 24 million people that use illicit drugs every month are people that got started thinking it was OK, and we want to convince them that it is not OK, neither OK for them or us, and get them off.

Just as a close about the Drug Policy Board, and I know you are not going to talk about the drug czar today—I am sorry I said that, but we would like to say that one thing that has happened is that this Drug Policy Board has a unique position in government.

It really is a high-level board. It is the same level as the Domestic Policy Council, Economic Policy Council, and the National Security Organization, with all Cabinet members now a member of the Drug Policy Board. All Cabinet members now have drug advisers on staff, and it does link very effectively supply with demand.

One of the members that Frank left out of his work group is I am also a member of that subgroup, as is Frank a member of mine, and when we talk about educational efforts, we have got to say the Coast Guard has educational efforts, Customs does, Drug Enforcement does. We are all in this together, and the problem is huge.

I guess I will just stop and quit until you call me that other name you are thinking of.

[Prepared statement follows:]

STATEMENT OF

DONALD IAN MACDONALD, M.D.
ADMINISTRATOR
ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION

and

CHAIRMAN
DRUG PREVENTION AND HEALTH COORDINATING GROUP
NATIONAL DRUG POLICY BOARD

Mr. Chairman and members of the Senate Caucus on International Narcotics Control, I am Dr. Donald Ian Macdonald, Administrator, Alcohol, Drug Abuse, and Mental Health Administration, and Chairman of the National Drug Policy Board's Drug Abuse Prevention and Health Coordinating Group. I thank you for the opportunity to give you an overview of our progress in implementing the demand reduction provisions of the Anti-Drug Abuse Act of 1986, Public Law 99-570.

In my testimony, I will address the three areas of concern outlined in your letter of invitation to Secretary Bowen. Those subjects are:

1. The implementation of the Anti-Drug Abuse Act provisions on drug abuse education, prevention, and treatment;

2. The impact of the Act on the levels of drug abuse in America;

3. The National Drug Policy Board's (NDPB) long-range plans and strategy with respect to drug abuse education, prevention, and treatment.

IMPLEMENTATION

As you know, P.L. 99-570 either revised or enhanced most existing demand reduction programs and also created several entirely new programs. Most of the demand reduction programs in the Department of Health and Human Services are carried out in the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). Programs also are carried out in cooperation with other agencies and Departments where appropriate. Considering the fact that P.L. 99-570 was enacted and funds appropriated after the start of Fiscal Year 1987, I believe we have made substantial progress in implementing the law. Virtually every new or enhanced program was implemented and awards made to eligible entities by the close of Fiscal Year 1987.

I will summarize the accomplishments in each of the major areas of demand reduction:

Treatment Services

The major provision of the Anti-Drug Abuse Act of 1986 relating to treatment services is the Alcohol and Drug Abuse Treatment and Rehabilitation (ADTR) Block Grant to support new and expanded services. The ADTR funds have been distributed to the states as specified in the Act, in two portions -- a 45 percent portion based on population and a 55 percent portion based on need.

On November 24, 1986, ADAMHA notified states of the availability of the 45 percent portion of the ADTR, and all the states were awarded this portion by April 29, 1987.

The 55 percent portion required that ADAMHA develop a needs formula. A number of states expressed concern with the original formula transmitted to them on January 20, 1987; and, at the states' request, ADAMHA extended the deadline for their comments.

ADAMHA transmitted the OMB-approved application requirements and guidelines to the states on March 4, 1987; and the final formula was transmitted to the governors on April 3, 1987. Subsequently, ADAMHA processed completed state applications in an average turnaround time of two weeks; and all of the 55 percent awards were received by the states by September 30, 1987.

The ADTR funds are available to states for obligation for two fiscal years. Each state now has its total award available with which it can initiate new or expanded drug and alcohol services. States are free to "draw down" these funds as required to expand services. As of October 30, 1987, a total of 30 states have "drawn down" $18.5 million, representing 11.3 percent of the $162.9 million made available by Public Law 99-570.

ADAMHA analyzes information provided by the states as part of their applications for the ADTR Block Grant. Targeted populations most often mentioned are youth and adolescents, AIDS/IV drug users, women, the homeless, persons in the criminal justice system, the elderly, and minorities (Blacks, Hispanics, Native Americans). States' applications indicate that ADTR funds are supporting a host of services -- prevention, training and education, intervention, detoxification, outpatient, residential and intermediate care, rehabilitation, aftercare, methadone maintenance, and employee assistance programs -- in both the drug and alcohol abuse areas.

Further, through our continuing cooperative efforts with the National Association of State Alcohol and Drug Abuse Directors (NASADAD), we obtain information collected through the annual State Alcohol and Drug Abuse Profile (SADAP). The 1987 survey will include four additional questions requested by ADAMHA specifically addressing the use of ADTR funds, including the types of services to be provided, expected client admissions supported by ADTR monies, estimated allocations of ADTR monies to be targeted to specific drugs of abuse, and allocations targeted to special populations. Preliminary results from this effort should be available from NASADAD by March 1, 1988.

Prevention

In response to the desire of many communities to have one organization to turn to for prevention interaction, a new entity, the Office for Substance Abuse Prevention (OSAP) was established by P.L. 99-570. Charged with preventing substance abuse and its adverse consequences for health, OSAP was organized and staffed during FY 1987 and began with the following actions:

- A total of $24 million in high risk youth model demonstration grants was awarded. This entailed soliciting and completing peer review of an unprecedented number of applications (nearly 900) and awarding 131 grants. These grants address all populations of high risk youth identified in the legislation, with a large percentage concentrated on the economically disadvantaged, children of substance abusers, and gateway drug users.

- Information about alcohol and drugs was developed and disseminated. OSAP manages the National Clearinghouse for Alcohol and Drug Information (NCADI), which responds to 60,000 requests per year (expected to reach approximately 100,000 during FY 1988). NCADI stocks more than 500 different publications; offers users a data base search capability and a free audio-visual loan program; and provides outreach to schools.

- By the end of FY 1987, OSAP awarded the following:

(1) Technical Assistance and Training to Parents, Youth, and Communities, which is to stimulate primary prevention programs by providing on-site technical assistance to parent and youth organizations, schools, and other agencies working with target groups.

(2) Technical Assistance and Training Workshops for Ethnic Minorities, which are to provide on-site technical assistance to minority groups and individuals and groups that serve minority populations; conduct workshops for these organizations; provide substance abuse prevention training to individuals and agencies serving ethnic minority groups; and provide speakers, panelists, and facilities at state and local community conference/workshops focusing on minority populations.

(3) The Development of Model Community-Based Prevention Strategies Program and Services, which are to stimulate, support, and evaluate the efforts of local chapters of national organizations to implement community-based programs and activities.

o A successful and productive relationship has been formed between OSAP and the Department of Education (DoED) through frequent collaboration, including the following:

(1) A joint ad hoc committee was formed in December 1986 to oversee implementation of the Anti-Drug Abuse Act of 1986. This committee was subsumed in

March 1987 by the National Drug Policy Board's Drug Abuse Prevention and Health Coordinating Group.

(2) A memorandum of understanding was signed in March 1987 to specify procedure and responsibilities for the National Clearinghouse for Alcohol and Drug Abuse Information, including the transfer of $500,000 from DoED to assist in establishing the Clearinghouse.

(3) A second memorandum of understanding was signed in April 1987 outlining procedures and responsibilities for the legislatively-mandated joint assessment of Federal, state and local drug prevention/education programs.

(4) Each Department is contributing information to the other's publications.

In September 1987, OSAP also signed a memorandum of understanding with HHS' Food and Drug Administration to conduct a national campaign to increase student and educator awareness of the adverse effects of steroids on young athletes. In addition, OSAP has supported conferences, symposia, workshops, and several special projects aimed at increasing community-based prevention programs and services for a wide spectrum of groups.

Research

The Anti-Drug Abuse Act also provided funds for enhanced research initiatives in ADAMHA. Within ADAMHA, the National Institute on Drug Abuse (NIDA) received an additional $27 million for preclinical, clinical, and epidemiologic research studies. Project grants, the primary research mechanism, have been funded at a level of $11.7 million, with contracts funded at $8 million and Substance Abuse and Alcoholism received an additional $3 million. Examples of drug abuse research include:

- Studies on various approaches to drug abuse treatment being conducted by three centers based in New York, Pennsylvania, and Connecticut. These studies focus on pharmacotherapy for opiate addition using naltrexone, buprenorphine, methadone, and certain experimental drugs, with one center also exploring treatment for benzodiazepine addiction and two exploring cocaine addiction.
- Studies on cocaine abuse, including a New York-based study of the efficacy of individual and family therapy; a State of Washington-based study of outpatient treatment; another New York-based study on the causes and consequences of cocaine abuse by methadone clients with a focus on reducing such abuse; a Georgia study of the neurobehavioral effects of prenatal cocaine exposure, alone and in combination with alcohol and marijuana; a University of Florida study of certain features of cocaine use in pregnancy using an animal model; and a Louisiana-based study on the neurobiology of chronic cocaine intoxication.
- A California study on the safer treatment of pain through the development of non-addicting opioid peptide analgesics.
- Evaluation of cocaine abuser treatment modalities by both University of California researchers and Yale University researchers.

- Research on drug prevention among ethnic minority groups being conducted at the University of Washington, where the etiology and patterns of drug use among Black, Asian, and White urban youth are being studied to determine the relative importance of risk factors at different developmental levels, and at the University of Maryland, which is investigating the etiology of substance abuse among unemployed Black youth.

- School-based prevention studies including an evaluation of the effectiveness of a comprehensive health promotion/substance abuse prevention program for middle school students being conducted by Wisconsin health officials and a life-course perspective on drug abuse prevention being explored by Kentucky researchers.

With regard to alcohol research, the National Institute on Alcohol Abuse and Alcoholism is:

- Conducting an epidemiological study on sequencing of alcohol and drug use in adolescents;

- Studying the effects of alcohol on endocrine and psychosocial development in adolescents;

- Developing an objective marker for alcohol intake; and

- Developing improved technology for measuring prevention outcome.

These projects should clearly indicate the subject diversity of the research being conducted. Fortunately, the national focus on drug abuse problems has served to attract many outstanding project applications, particularly by researchers who had not previously shown an interest in the field.

Data and Epidemiology

NIDA, a world leader in the collection of drug abuse data, supports three major ongoing data collection activities, the High School Senior Survey, the National Household Survey on Drug Abuse, and the Drug Abuse Warning System (DAWN). These survey efforts were enhanced with funding provided by the Anti-Drug Abuse Act of 1986.

The High School Senior Survey is an annual survey of drug use among high school seniors. The study is designed to scientifically sample 16,000 to 18,000 high school seniors located in approximately 130 public and private high schools around the Nation. Each graduating class since 1976 has been or will be followed annually for 10 years past high school. Data from the survey are primarily used to assess prevalence and trends of drug use among high school seniors and to gain a better understanding of the lifestyles and value orientations associated with patterns of drug use and how those orientations shift over time.

The National Household Survey on Drug Abuse is conducted every two to three years and provides national data on the incidence, prevalence, trends, and correlates of drug use in a representative sample of the household population aged 12 years and older in the continental United States. Homeless individuals and people who live in institutions such as jails, hospitals, or on military bases are not included. Data are collected on the use of alcohol, cigarettes, marijuana, inhalants, cocaine, hallucinogens, heroin, and the non-medical use of psychotherapeutic drugs.

The Drug Abuse Warning System (DAWN) is a large-scale drug abuse data collection system designed as an early warning indicator of the severity, scope, and nature of the Nation's drug abuse problem. Data collection involves the voluntary participation of a non-random sample of about 750 hospital emergency rooms and 75 medical examiner/coroner offices located primarily in 27 metropolitan areas throughout the Nation.

Certain features of the DAWN system make it especially useful in monitoring changing drug trends: it is ongoing, with data files updated monthly; it collects data on specific drugs rather than classes of drugs; and it reflects geographic variation in emerging problems.

Special Provisions for American Indians and Alaska Natives

P.L. 99-570 requires the Secretary of the Department of Health and Human Services and the Secretary of the Interior to establish cooperative efforts between the Bureau of Indian Affairs (BIA) and the Indian Health Service (IHS) in order to jointly address alcohol and substance abuse in Indian communities. After consultation with tribes and briefing sessions with tribal leadership and local IHS/BIA staff, a memorandum of agreement (MOA) was signed by the respective Secretaries, published, and distributed to tribal chairpersons in March 1987. The MOA includes a provision for the development of an Organizational Management Action Plan outlining specific objectives and timeliness to assure ongoing coordination.

Section 4206 of the Anti-Drug Abuse Act provides tribes with the opportunity to form Tribal Coordinating Committees, with tribal, BIA and IHS representation, to develop Tribal Action Plans (TAPs). To date at least 85 percent of the tribes have passed resolutions of intent to write a plan. In communities where tribes did not begin this process, the IHS Service Unit Directors, as required by statute, are working with the BIA to develop a plan.

The IHS was instructed to develop comprehensive alcohol and substance abuse prevention and treatment programs. Each IHS area has developed such a program and further coordinated activities with the BIA by completing area-specific workplans consistent with the Tribal Action Plans.

P.L. 99-570 also requires enhancement of detoxification and treatment programs and community rehabilitation and follow-up services for American Indians and Alaska Natives. Site selection criteria reflecting accessibility to transportation, medical, education, vocational, cultural and social service support systems were developed for the initial treatment centers. A panel of outside experts, representing national American Indian and Alaska Native health organizations and substance abuse perspectives, assisted the Indian Health Service in reviewing 19 proposals. Selected sites were (1) the Cherokee Nation of Oklahoma, using a dormitory on the Sequoyah School grounds, and (2) the Acoma-Canoncito-Laguna (ACL) Hospital in the Albuquerque area, which was selected by a committee of all tribes in the area and will be managed by the IHS. These two treatment centers will be operational by the first of February 1988.

Community-based rehabilitation and aftercare services are presently being provided in most Indian/Alaska Native Communities through 638 contracts or IHS Service Units. Funds were distributed to areas utilizing a formula that included Years of Premature Life Loss (YPLL), demand for services, and data on treatment effectiveness.

Appropriations of $3.5 million were provided for Section 4228, community education and staff training. These funds were distributed to areas based on a formula of population, YPLL and demand for prevention services in Fiscal Year 1986.

In Fiscal Year 1987, approximately 5,000 people were trained, including physicians, nurses, alcoholism program staff, health educators, social workers, BIA/Tribal law enforcement and educators. Education and training of tribal leaders is also occurring.

Education

Since October 27, 1986, the Department of Education has worked hard to implement quickly the programs outlined in the law. The results of these efforts are that after one year, all programs are fully operational. In other words, $198.5 million of the $203 million two-year money that was targeted for prevention education was made available to the American people. The remaining $4.5 million for audio-visual materials grants will be awarded this month.

Not only were these funds available quickly, but the Department of Education also provided guidance and information to the American public to assist them in establishing effective prevention programs. What Works: Schools Without Drugs was published early in Fiscal Year 1987. The handbook outlines how schools, with the help of parents and communities, can prevent student drug use.

Also, two months after passage of the Anti-Drug Abuse Act, the Department of Education distributed guidance to governors and state educational agencies on the state and local funds, and a month later the Department of Education held a conference for representatives of the governors and state educational agencies explaining in detail the law and its implications.

Three months after the passage of the law, Secretary Bennett challenged all schools to develop comprehensive programs and to join "The Challenge" campaign, a campaign that mobilizes parent and community support for school programs.

Five months after passage of the law, the Department of Education mailed the first of its bimonthly newsletters to every elementary and secondary school throughout the country, giving them information on model schools, the latest on research and other resources and techniques for helping in the war against drug abuse.

Realizing that there are problems with current curricula, Education did several things. First, it reviewed the latest research on prevention techniques, and then it formed an advisory board to establish criteria for choosing curricula and to assist school officials by detailing how a curriculum should be incorporated into a broader prevention program. The results of the research review were incorporated in the joint Department of Education/Department of Health and Human Services report to Congress delivered October 27, 1987. It will also be delivered to all chief state school officers. The results of the advisory board will be published this summer.

The Department of Education has also begun work with institutions of higher education. In September 1987, a panel of college presidents, vice presidents and administrators met to establish standards for alcohol and drug prevention for colleges and universities. In December 1987, college presidents will review the standards and make recommendations. These will then become the standards for a network of committed colleges across the country.

The Department of Education is also working on discovering and publicizing model programs. The Department is currently reviewing materials submitted by schools and selecting above-average programs for dissemination. The Department has also established a School Recognition Program to name 50 to 100 outstanding programs throughout the country this school year. The Department of Education publicizes effective programs in the newsletter, and the names of the schools will be circulated among education resource centers so that schools around the country can benefit from their successes.

The Department of Education is currently meeting with the Department of Health and Human Services to begin evaluating Education's efforts. In particular, the state and local funds, including the governors' money for high-risk youth and community coordination, will be examined. This joint effort should produce insights into what the states consider high priority programs and may provide us some state models for publication.

As it established its programs, the Department of Education worked with many agencies. Prior to the passage of the law, the Department was a member of the Domestic Policy Council's Working Group on Drug Abuse Policy and, after the passage of the law, began working closely with the Department of Health and Human Services. Beginning last December, monthly meetings discussing critical issues that had an impact on the implementation of Education's programs were held. Committees were formed to examine issues in curricula, media, teacher training, research, elementary and secondary schools, colleges and universities.

These meetings continued until March when the Department of Education became a member of the National Drug Policy Board, and its activities were subsumed into those of the Drug Abuse Prevention and Health Coordinating Group. Since that time, the Department of Education has been the lead agency for Prevention and Education. As lead agency, the Department of Education has worked with 15 other agencies to establish a strategy to assist parents, schools and communities in their prevention efforts with the general youth population.

Workplace Initiative

In response to the Anti-Drug Abuse Act of 1986, NIDA established an Office of Workplace Initiatives (OWI) in February 1987; implemented a national toll-free workplace helpline (1-800-843-4971) to assist employers in developing resources for education, treatment, and prevention of substance abuse; and developed and issued the HHS Technical and Scientific Guidelines for Federal Drug Testing Programs, as required by the President's Executive Order for a Drug-Free Workplace (Executive Order Number 12564). The final guidelines are scheduled to be published this month.

The objective of the workplace initiative is to significantly reduce individual employee drug use, thereby reducing the impact of drugs at public and private worksites. Through research and technical assistance, this initiative seeks to determine the impact of drug abuse in the workplace; to raise the awareness of drug abuse issues by employers, labor leaders, and occupational health practitioners; and to foster the development of effective employee assistance approaches.

- Industry: The larger Fortune 500 companies have already moved ahead with workplace initiatives, but many smaller companies, constituting 65 percent of the U.S. workforce, do not have the capability to develop programs on their own and look to the Federal Government for guidance. NIDA, therefore, plans to develop a model employee assistance program (EAP), standards for program evaluation, and standard curricula for training in substance disorders to be used as EAP employment criteria and continuing education for current and future EAP employees.

- Federal Government: The Director of OWI is also Chairman of the Interagency Coordinating Group (ICG) on Implementation of the President's Executive Order for a Federal Drug-Free Workplace. ICG includes members from the Office of Personnel Management, the Department of Justice, and the HHS Public Health Service. In mid-September 1987, the ICG sponsored a technical assistance workshop to help agencies develop their plans, and is developing a model plan for agencies use.

- Workplace Research: In July 1987, NIDA released the new OWI grant program announcement, "Research on the Prevalence, Impact, and Treatment of Drug Abuse in the Workplace." The four areas of interest of this program are:

  (1) Prevalence of Drug Use and Relationship with Productivity in the Work/School Environment;

  (2) Development of Performance Assessment Batteries;

  (3) Assessment of Employee Assistance Models; and

  (4) Workplace Policy Research.

IMPACT OF THE ANTI-DRUG ABUSE ACT OF 1986

It is simply too early to tell what impact the Anti-Drug Abuse Act's education, prevention and treatment provisions have had on the levels of drug abuse in America. As I have described in the implementation section above, virtually all of the Act's funding has been made available to the intended recipients during Fiscal Year 1987, but it will take some time before all programs will be fully geared up at the state and local levels. We will know relatively soon how many drug users respond and seek treatment. The success of our prevention efforts will be measured by how many people do not get involved with illegal drugs, and this is harder to measure. We must continue to seek every opportunity to not tolerate the presence or use of illegal drugs if our prevention efforts are to succeed.

Unlike smallpox, there is no one-shot vaccine to stop drug abuse. We have to overcome years of casual attitudes toward drug-taking behavior. We must educate each successive new generation to not accept illegal drugs. Unlike other diseases, there is a criminal element actively promoting the spread of illegal drugs, without regard to the personal tragedies they cause.

We have made progress in demand reduction, as shown by surveys and attitude polls, against most of the illegal drugs. The major exception may be cocaine. The advent of a cheap, smokable form of cocaine, known as "crack," has greatly altered the picture of even a few short years ago. We are meeting this continuing threat in a variety of ways which I discussed earlier.

Although it may be too early to tell what the ultimate impact of the Anti-Drug Abuse Act is today, you should not doubt that the Act has enhanced our Nation's ability to fight drug abuse. The Act has expanded the resources and other support available to states, schools, parents, prevention and treatment programs, and researchers.

DEMAND REDUCTION AND THE NATIONAL DRUG POLICY BOARD

Prior to the creation of the National Drug Policy Board, demand reduction was coordinated through the Domestic Policy Council Working Group on Drug Abuse Policy. On March 26, 1987, President Reagan established the National Drug Policy Board (NDPB) by Executive Order 12590. The NDPB consolidated the functions of prior coordinative entities working in supply and demand reduction in order to provide coordinated, national responses.

Demand reduction strategies now emanate from the Drug Abuse Prevention and Health Coordinating Group of the NDPB, which I chair. The Group's membership includes the Departments of Health and Human Services, Education, Housing and Urban Development, Labor, Interior, Defense, Justice, State, Transportation, Energy, and Treasury. It also includes the Office of Personnel Management, ACTION, and the Office of Management and Budget. Its focus is on prevention, education, rehabilitation, treatment, and research.

The Group is comprised of four committees which target specific populations in American society. The committees are as follows:

Committee on Mainstream Adults - Chaired by Robert Windom, Assistant Secretary for Health, Department of Health and Human Services. The goal of this committee is to promote a drug-free workplace for the Federal workforce and the private sector. It also deals with employee assistance programs and urine screening programs.

Committee on High Risk Youth - Chaired by Vernon Speirs, Acting Administrator, Office of Juvenile Justice and Delinquency Prevention, Department of Justice. This committee targets youth at risk, dysfunctional families, and those with social, psychiatric, and educational problems.

Committee on Prevention and Education - Chaired by William Lennox, Special Assistant to the Secretary, Department of Education. This committee is focused on youth and early drug use. Among its principal goals are to prevent and delay the onset of experimentation or use of drugs and to educate schools, communities, parents, and youth about drug abuse.

Committee on Treatment and Rehabilitation - chaired by Dr. Charles Schuster, Director of the National Institute on Drug Abuse. This committee is focused on those already addicted to or abusing drugs, and it deals with all aspects of treatment and rehabilitation, including the issues of AIDS and intravenous drug abuse. The committee looks at the various risks factors, including psychiatric and social dysfunction, homelessness and family dysfunction.

Each of the committees is functioning with an unprecedented level of cooperation. Our goal is to complete the demand reduction portion of the national strategy in early 1988. Thus far, each committee has adhered rigorously to the schedule mandated by the NDPB.

Furthermore, the NDPB will be receiving input from the White House Conference for a Drug Free America as authorized by P.L. 99-570.

The purpose of the Conference is to:

- Share information and experiences in order to vigorously and directly attack drug abuse at all levels --- local, Federal, state, and international;
- Bring public attention to approaches to drug abuse education and prevention which have been successful in curbing drug abuse, and to

those methods of treatment which have enabled drug abusers to become drug-free; and

- Highlight the dimensions of the drug abuse crisis, examine the progress made in dealing with such crises, and assist in formulating a national strategy to thwart the sale and solicitation of illicit drugs and to prevent and treat drug abuse.

Between November and December 1987, the White House Conference is providing the opportunity for citizens (in a series of six regional conferences) to share their ideas and experiences in order to attack drug abuse vigorously at all levels.

After the meetings around the country, a major conference will be held in Washington, D.C., from February 28-March 3, 1988. Drug abuse prevention, treatment and research will be discussed, as will drug-free workplaces, schools, transportation and public housing.

The public will be invited and the involvement of representatives of successful local anti-drug programs from all over the country is considered crucial. The final product will be a report to the President and the Congress by August 1988 on the policies, programs and national strategies necessary to build upon what has already been accomplished and work toward a drug-free America.

I believe it is necessary for Members of Congress to be aware of these efforts, and hopefully be involved in them, in the larger context of overall policy development.

Conclusion

In implementing P.L. 99-570, we are making considerable gains against drug abuse -- and we are moving faster than would have been possible without the law. Everyone has high expectations and, although we would like to see immediate results, changing human behavior takes time. The Anti-Drug Abuse Act was signed into law only one year ago.

I believe that the Congress and the Administration agree that the commitment to strong demand reduction strategies must be maintained at the Federal, state and local levels. I am confident that the Congress and the Executive Branch will continue to work together toward our ultimate goal -- a drug-free American society.

I would be pleased to answer any questions you might have.

RESPONSES OF DONALD IAN MACDONALD TO QUESTIONS
SUBMITTED BY SENATE CAUCUS

Dr. Macdonald, in a recent interview, you were quoted as saying: "My guess is that you will see some changes in (the)(direction of Federal drug control policy)...I'm sure you will see more emphasis on (reducing) demand."

QUESTION:

Do your comments reflect official Administration policy? How do you reconcile this policy with the Administration's proposal to cut $100 million from funds allocated for Federal drug abuse education this year?

ANSWER:

This Administration has always emphasized the importance of reducing the demand for drugs. This issue was addressed in both the 1982 and 1984 National Strategies for Prevention of Drug Abuse and Drug Trafficking. We are now at a point to proceed with implementation of different demand reduction strategies.

I would like to dislodge the notion that the Administration's budget will cripple our drug abuse education efforts. As we have stated before, much of the money allocated last year covered one-time program start-up costs. In addition, the structure of the allocation, namely the single allocation to cover 2 years of expenses, makes the reduction less dramatic than it initially appears. A major problem we encountered in this year's allocation process lay in the States' draw down processes. It might be constructive to examine that system as we both work toward making application of the block grant funds more effective and efficient. Finally, I think you will see good news in the President's budget request for the fiscal year 1989.

QUESTION:

What specific steps has the National Drug Policy Board taken this year to increase demand reduction efforts?

ANSWER:

The establishment of the National Drug Policy Board has served to increase inter-Departmental and inter-agency coordination significantly. For the first time, all the forces of government, demand reduction and supply reduction, are arrayed against drug abuse. The Board has designated nine lead agencies and assigned them responsibility to develop a series of interrelated strategies. The Board has improved communication and cooperation within the entire Federal anti-drug effort. At the moment, the nine lead agencies are in the process of refining the national strategy toward meeting the goal of a drug-free America. But the Federal government is not in this alone. I have faith and expectation that the 180 million Americans who do not use drugs are the key to influencing others not to use drugs or to stop using them.

When the President signed the Anti-Drug Abuse Act of 1986, he stated that one of his goals was to significantly increase the availability of drug treatment facilities for drug abusers. Mayor Berkley testified that the average wait for treatment services in some cities is as long as six months, and the national average is almost two months.

QUESTION:

Do you have any idea what impact the Anti-Drug Abuse Act had on the availability of treatment services nationwide?

ANSWER:

A review of the applications submitted by the States for the monies available from the Alcohol and Drug Abuse Treatment and Rehabilitation (ADTR) Block Grant indicates that the States expect over 290,000 clients to be served in FY 1988. However, all that we can say with any certainty is that, on a national basis, the availability of ADTR funds will result in an increase in numbers of individuals admitted to treatment in accordance with the intent of the legislation to expand service capacity for drug abusers. This is because at this time it is not possible to document the number of individuals actually treated with these monies. States may have used significant portions of these monies for education, prevention, and vocation rehabilitation, which were also permitted by the legislation. However, all States are required to submit an annual report on their ADTR activities, so further documentation concerning the impact of these monies should be available following receipt and analysis of these reports in mid-1988.

QUESTION:

At this time, States fund more than 80 percent of the drug and alcohol abuse treatment resources nationwide. Given the enormous need for additional treatment facilities, how does the Administration intend to meet this enormous need?

ANSWER:

Currently available information on national publicly-supported alcohol and drug abuse programs indicates that the monies provided to the States from the Anti-Drug Abuse Act will noticeably increase the Federal percentage contribution to this effort for 1987 and 1988. These Federal funds support a substantial base of treatment services throughout the Nation, and that base will continue to grow as these monies are incorporated into the State service delivery system. As you note, State revenues constitute the largest support for alcohol and drug services. Given the recent addition of Federal ADTR funds to the States, we anticipate an increase in resources from the States will further build an increased capacity to meet treatment requirements based on a cooperative Federal/State partnership.

QUESTION:

I felt when we passed the 1986 Drug Bill, we finally were ready to make a long-term commitment to wage war on the drug abuse epidemic in this country. But when you look at the President's FY 1988 budget--the commitment seemed lost. What good does it do to start funding a program, like drug education, then slash the funds as the programs are still in their developing stage?

ANSWER:

I would like to dislodge the notion that the Administration's budget will cripple our drug abuse education efforts. As we have stated before, much of the money allocated last year covered one-time program start-up costs. In addition, the structure of the allocation, namely the single allocation to cover 2 years' expenses, makes the reduction less dramatic than it initially appears. A major problem we encountered in this year's allocation process lay in the States' draw down processes. It might be constructive for you to examine that system as we both work toward making application of the drug prevention and treatment funds more effective and efficient.

QUESTION:

During the past year I have chaired or attended several drug hearings, and the testimony is always the same -- more drugs than ever are coming across our borders and the demand is increasing. As the President's top assistant for drug abuse policy, have you developed a long-term anti-drug abuse plan for this country?

ANSWER:

The National Drug Policy Board is currently in the process of approving a national anti-drug strategy. The Board designated nine lead agencies to cover the range of drug abuse issues. To stop the supply of drugs, the Board has developed initiatives to improve international cooperation, interdiction, intelligence, investigations, and prosecution. To help people stop using drugs, or not to begin drug use, the Board has developed initiatives in the areas of high risk youth, prevention education, mainstream adults, and treatment. They have been working closely with each other and with experts in the fields, and have devised a coordinated and comprehensive national strategy for a drug-free America. The Board has approved this strategy, and I expect that the Chairmen of the Board's two coordinating groups will be briefing you on it very soon.

I would like to point out that our current anti-drug efforts revolve around reducing demand for drugs through changing attitudes and behaviors. Drug use among high school seniors has dropped significantly. While the battle is far from over, we can take heart that our efforts are beginning to make a difference.

QUESTION:

What can we in Congress expect to see in the President's FY 1989 Budget in regards to drug program funding?

ANSWER:

FY 1989 budget is currently under discussion. But I think you will be happy with what emerges as the President's request to Congress.

QUESTION:

I do not believe the Federal Government can provide full drug program funding for State and locals, but I believe we look at what Arizona has done and that is to match State funds with Federal funds. What is the president's view on this matter?

ANSWER:

Programs which use matching funds to initiate and establish an operating base are an excellent way to get programs up and running in a way best to ensure their continuation. But they must be carefully crafted to avoid over-dependence on any funding source.

QUESTION:

What is the status of the President's drug testing program for Federal employees and is the President still committed to the program?

ANSWER:

We have almost completed the process of certifying the Federal agency drug testing plans. Almost all plans have been finalized, and we anticipate submitting final guidelines for laboratory certification to the *Federal Register* very soon. We expect to issue the 60 day general notice of drug testing around the beginning of April.

We are still very much committed to the drug testing program, and have been pleased to see the President's program consistently upheld in the courts. The President is, indeed, still very interested in this program.

QUESTION:

How much emergency drug treatment and alcohol, drug abuse and mental health block grant money has New York drawn down? How much does New York have coming to it?

ANSWER:

New York's allotments of the ADTR and ADMS Block Grant funds for FY 1987 and FY 1988 are as follows:

FY 1987		FY 1988
ADTR	$13,459,000	Allotment will be approximately the same as the 1987 amount. The 45% share is $5,085,000. The 55% calculations are currently being made.
ADMS	$41,382,000	$40,097,000

As of December 31, 1987, New York has drawn down $7,520,000 of its FY 1987 ADTR money and $25,879,472 of its FY 1987 ADMS money.

QUESTION:

How much have all the States drawn down out from these two block grants? Are there any States that have drawn down all of their money?

ANSWER:

A review of the latest draw down status as of December 31, 1987, indicates States have drawn down $39,858,254 of the FY 1987 ADTR and $419,353,124 of the ADMS Block Grant funds. The level of draw down is expected to increase rapidly in the near future since most of the impediments have been overcome.

No State has drawn down all its money. The main reasons for the delay of ADTR drawdown are a combination of the 2-year period of fund availability in relationship to the States' planning and budget cycles and astute fiscal planning.

QUESTION:

Would you be willing to work with this Caucus in developing a better system of coordination involving the States, the Federal Government and local governments so that many of the problems in implementing the Anti-Drug Abuse Act can be dealt with on a regular basis and so that these problems are solved?

ANSWER:

The Administration, through the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) which administers this block grant would welcome the opportunity to work with the Caucus in developing a better system of coordination involving the States, the Federal Government and local governments. We firmly believe that the cooperative involvement of each of these levels of government is necessary for successful implementation of our programs and the provision of necessary services to the field. I would like to note, however, that under the Block Grant legislation, ADAMHA's relationship in the implementation of the Act is with the States and the States are then required to work with the local governments.

QUESTION:

For each of the treatment funds, the Alcohol, Drug Abuse, and Mental Health block grants and the emergency treatment block, when did those funds become available to States? In other words, when should they have started drawing down that money?

ANSWER:

In FY 1987, the first ADMS Block Grant award was made December 22, 1986. The last awards were made in July 1987. The ADTR Block Grant funds were issued in two separate awards.

The ADTR Block Grant was to be distributed to the States on the basis of population (45 percent) and need (55 percent). On November 24, 1986, States were notified of the availability of the 45 percent portion of those monies. The first five States applying for the 45 percent portion were funded by December 23, 1986, and all States received their notice of award for those funds by April 29, 1987. ADAMHA convened a Federal, State and national workgroup to assist in developing the 55 percent formula, which included an extended period for State input. ADAMHA informed all State Governors of the application guidelines on March 4, 1987, and the amount to be received by each State as a result of the 55 percent formula on April 3, 1987. States began submitting their applications in early May. The ADTR 55 percent awards were made from May 4 to September 30.

Tables showing the individual State award dates for the FY 1987 ADMS and ADTR Block Grant are attached.

After the awards are received, States then enter into a period during which the funds are obligated and legally binding agreements with service providers are signed. These obligations generally take the form of formal grants or contracts for service and result from the solicitation of bids or requests for service over a future period of time, usually one year.

Draw downs can occur only after State funds are obligated, but usually as an advance rather than a reimbursement of funds. The State draws down based on what is called an immediate disbursement need, which means that the services have been delivered and that a bill is immediately expected.

	Date Received	Date Acknowledged	Date to SLG	Date Reviewed	SLG Action	Date Mem Re Award
Alabama	[illegible]	[illegible]	9/4	9/12	complete	11/28
Alaska	8/5	8/[illegible]	9/22	9/26	complete	11/28
Arizona	8/8	[illegible]	9/12	9/19	Complete	12/19
Arkansas	[illegible]/14	[illegible]	9/22	10/3	complete	11/28
California	7/[illegible]	8/15	9/22	10/10	complete	11/28
Colorado	9/3 + 9/12		9/22	10/3 2/20	Complete	3/24/87
Connecticut	8/15	[illegible]	9/22	10/10	complete	11/28
Delaware	7/25	[illegible]	9/22	10/3 - 2/26	Complete	3/24/87
Dist. of Columbia	Sept 18	Sept 18	10/9	10/17	Complete	12/19
Florida	8/[illegible]	[illegible]	9/4	9/12	complete	11/28
Georgia	8/25	8/25	9/22	10/3	complete	11/28
Hawaii	[illegible]	8/26	9/22	9/28	complete	11/28
Idaho	8/15	8/18	9/22	10/3	complete	11/28
Illinois	8/15	8/[illegible]	9/22	10/10	complete	11/28
Indiana	8/19	8/20	9/22	10/10	complete	11/28
Iowa	8/14	8/14	9/4	9/12	complete	11/28
Kansas	8/11	8/12	8/12	8/25	Complete	11/28
Kentucky	9/29	9/29	10/9	10/17	Complete	1/[illegible]/87
Louisiana	6/19	6/20	8/18	8/25	complete	11/28
Maine	9/16	9/17	10/9	10/17	complete	11/28
Maryland	8/18	8/[illegible]	8/[illegible]	8/25	Complete	11/28
Massachusetts	9/10	9/10	9/22	10/10	Complete	11/28
Michigan	9/10	9/10	9/22	10/3	complete	11/28
Minnesota	2/18/87 - 4/14		2/18/87 [illegible]	2/27/3/12/4-22	Complete	4/29
Mississippi	8/11	8/12 ✓	8/[illegible]	8/25	complete	11/28
Missouri	8/19	8/20	9/22	10/10	complete	11/28
Montana	8/18	8/20	9/22	10/10	complete	11/28
Nebraska	8/[illegible]	8/19	9/22	9/28	complete	11/28
Nevada	8/[illegible]	8/[illegible] ✓	9/12	9/19	complete	11/28
New Hampshire	9/15	9/16	9/22	10/10	complete	11/28
New Jersey	8/14	8/15	9/22	9/26	complete	11/28
New Mexico	8/18	[illegible]	9/22	10/10	complete	11/28
New York	Sept 22	9/25	10/9	10/17	complete	11/28
North Carolina	8/11	8/12 ✓	9/22	9/26	complete	11/28
North Dakota	8/10	8/20	9/22	10/3	complete	11/28
Ohio	8/26	8/26	9/12	9/19	complete	11/28
Oklahoma	8/29	9/2	9/12	9/19	complete	11/28
Oregon	8/18	8/19	9/4	9/12	complete	11/28
Pennsylvania	8/15	8/18	9/12	9/19	complete	11/28
Rhode Island	8/11	8/12 ✓	9/12	9/19	complete	11/28
South Carolina	8/15	8/18	9/22	9/28	complete	11/28
South Dakota	8/11	8/12	9/22	9/28	complete	11/28
Tennessee	8/29	9/2	9/22	9/28	complete	11/28
• Texas	8/21	8/21	9/22	9/28	complete	11/28
Utah	8/11	[illegible]	9/22	9/28	complete	11/28
• Vermont	10/1	10/1	10/9	10/17	Complete	12/19
Virginia	8/14	[illegible]	9/22	10/8	Complete	1/[illegible]/87
Washington	8/18	8/19	9/22	10/2	complete	11/28
West Virginia	10/1	10/1	10/9	10/17	complete	11/28
Wisconsin	[illegible]	[illegible]	9/22	10/3	complete	11/28
Wyoming	[illegible]	[illegible]	9/22	10/10 3/12	Complete	3/24/87
American Samoa	8/[illegible]	[illegible]	10/9	10/17	complete	11/28
Guam	[illegible]	[illegible]	10/9	10/17	complete	11/28 - 5/18/[illegible]
N. Mariana Isls.	4/20/87	–	4/23/87	4/28/87 - 7/16	Complete	7/23/87
Puerto Rico	12/5/2/26	12/11	12/11 - 2/28	12/17 - 3/12	Complete	3/24/87
Palau	Sept 19	NA		10/24	#2	[illegible]
Virgin Islands	[illegible]	[illegible]	10/9	10/17	complete	11/28
Marshall Islands	11/4/[illegible]	NA	12/9	12/12/2-9	Complete	9/15
Micronesia	[illegible] 8/4/87			10/24	Complete	[illegible]

INDIAN TRIBES/TRIBAL ORGANIZATIONS

(AZ) Phoenix Service Unit Indian Health Bd.	8/25/86	9/3	9/12	9/19	complete	[illegible] 11/24 11/19
(MN) Red Lake Band of Chippewa Indians	9/3/86	9/4	9/4	9/12	complete	11/24

• TTPI

22-Oct-87

1987/8 SUBSTANCE ABUSE GRANTS TO STATES
Prorata Share Available in FY 1987
55%
(dollars in thousands)

State	Award Date
Alabama	07/09/87
Alaska	07/29/87
Arizona	07/02/87
Arkansas	05/20/87
California	06/08/87
Colorado	08/21/87
Connecticut	05/11/87
Delaware	09/24/87
District of Columbia	09/30/87
Florida	05/28/87
Georgia	05/28/87
Hawaii	06/08/87
Idaho	05/11/87
Illinois	06/22/87
Indiana	05/04/87
Iowa	04/24/87
Kansas	05/11/87
Kentucky	05/18/87
Louisiana	05/20/87
Maine	08/18/87
Maryland	09/24/87
Massachusetts	09/15/87
Michigan	07/17/87
Minnesota	05/29/87
Mississippi	08/26/87
Missouri	08/21/87
Montana	04/14/87
Nebraska	05/20/87
Nevada	05/04/87
New Hampshire	04/24/87
New Jersey	08/04/87
New Mexico	06/26/87
New York	06/25/87
North Carolina	05/11/87
North Dakota	04/24/87
Ohio	07/28/87
Oklahoma	06/26/87
Oregon	05/11/87
Pennsylvania	08/26/87
Rhode Island	07/06/87
S. Carolina	06/26/87
S. Dakota	05/04/87
Tennessee	06/17/87
Texas	05/29/87
Utah	07/14/87
Vermont	08/04/87
Virginia	05/11/87
Washington	08/26/87
W. Virginia	07/17/87
Wisconsin	06/17/87
Wyoming	08/21/87
American Samoa	05/20/87
Guam	10/01/87
Northern Mariana Islands	---
Puerto Rico	07/09/87
Palau	09/15/87
Micronesia	08/26/87
Marshall	09/22/87
Virgin Islands	09/15/87
Total	

One of the most popular and effective initiatives in the Anti-Drug Abuse Act of 1986 was the creation of the Office of Substance Abuse Prevention to oversee the distribution of Federal grants for prevention, treatment and rehabilitation model programs. We have heard rumors that the budget for this office will be reduced below the $41,600,000 appropriation in the drug bill and its mission will be changed.

QUESTION:

What are the intentions of the Administration with respect to this office?

ANSWER:

The FY 1987 appropriations for the Office for Substance Abuse Prevention (OSAP) has been expended in its entirety. As you are aware, P.L. 100-202, which provides continuing appropriations for FY 1988, has provided $34,198,000 for OSAP. The Administration intends that OSAP will continue its mission as prescribed in sections 508, 509, and 509A of the Public Health Service Act utilizing the funding provided under P.L. 100-202. No major changes are planned during fiscal year 1988.

OSAP's activities in fiscal year 1989 will be dependent upon reauthorization of its parent agency, the Alcohol, Drug Abuse, and Mental Health Administration, currently pending in the Congress.

QUESTION:

Two bills have been introduced in the Senate and House that would change the funding for drug treatment programs. S. 924 and H.R. 3187 would change the formula for the distribution of block grants in a way that would cut many States' grants significantly.

Have you taken a position on these bills and will you support the effort to ensure that no State loses money when the Block Grant is reauthorized?

ANSWER:

Yes, the Administration has taken a position on H.R. 3187. Our position is as follows:

Although we strongly support extension of the Alcohol and Drug Abuse and Mental Health Services (ADMS) Block Grant, we oppose H.R. 3187 because it would separate the Block Grant into separately authorized mental health and substance abuse block grants and would authorize appropriations exceeding the President's fiscal year 1988 budget request by nearly half a billion dollars for 1988 and $1.4 billion over the FY's 1988-1990. We believe that the existing integrated ADMS Block Grant works well and is not in need of major revision. Creating separate funding authorities and formulas for mental health and substance abuse would reduce the impetus for coordination among State agencies administering mental health and substance abuse treatment and prevention services at a time when more closely integrated services and case management are increasingly required for persons with multiple diagnoses.

In addition, H.R. 3187 perpetuates undesirable set-asides which limit State authority to determine which services to provide and how best to provide them. The Administration has consistently opposed many of the set-asides already in the ADMS Block Grant as inappropriate and unnecessary limits on State decisionmaking. H.R. 3187 would do nothing to remedy this situation, would add even more set-asides, reporting and planning requirements and penalties, and would signal a return to the narrow categorical configuration of the 1970s.

The Administration has not taken a position on the proposed formula change in H.R. 3187 or S. 924.

QUESTION:

Can you provide us with a report on how many drug research grants NIDA was able to fund in FY 1987? How many quality grant applications were you unable to fund because of the lack of money and not because the research proposals lacked merit?

ANSWER:

During the fiscal year 1987 the National Advisory Council on Drug Abuse reviewed and approved 315 grant applications.

Of this number, 158 were funded, and 157 were approved but unfunded.

Senator BIDEN. Well, let me begin. Again, I think it would be useful if we could limit ourselves to 10 minutes on the first round and if there is more, we can go back, and I would ask you to use this little clock here, if you would.

I will not—let me not say what I will not do. Let me tell you what I would like to do. First of all, Doctor, I want to tell you that in our brief meeting I have been very impressed not with the administrative successes of the Drug Policy Board and your role in that, but with your insight into the problem.

I think on the demand side you are absolutely correct that what we are seeing is we are reaping the whirlwind for a whole range of things, from breakdown of the family in the 1960's and the 1970's to the promiscuous attitude about drugs that, as you point out, well, they are recreational.

Fortunately, when I was running around the country would ask me about recreational drugs, and after reading some of their articles I thought they used them, but I really, quite frankly, used to say there is no such thing as a recreational drug. We are beginning to change our mind about that.

But what continues to disturb me—and in a sense, you two fellows are the wrong people for me to be directing this to and, in a sense, the fact that you two are here instead of the Chairman and Co-Chairman of the Drug Policy Board is evidence of the problem.

The fact of the matter is that the Drug Policy Board is advertised as something similar to the National Security Council, the Council of Economic Advisers, et cetera. When I was on the Intelligence Committee and we wanted to know about intelligence, we had no problem getting the Director of Central Intelligence to come and speak before us and answer pointed questions, although Director Casey never answered a pointed question in his life, God rest his soul, but he came, nonetheless.

I found that when I was on the Banking Committee and we wanted to have discussions on the economy, or on the Budget Committee, the Council of Economic Advisers would be willing to come up and they would come and testify, and they had a plan that impacted on the administration. As they say in southern Delaware, you all do not have a plan yet. You have got a nice chart.

I find it interesting, Mr. Keating—and I do not say this as a criticism to you because you get your brief and you come up here. You know, you are a very important fellow, but you are down the chain here.

I do not know whether you realize what you said. You said on three occasions when you were talking about the intelligence coordination—you said and tomorrow we are going to meet and we will have a plan.

You said with regard to the Interdiction Committee, tomorrow or the next day you are going to meet and you are going to have a plan, and then you said with regard to the Investigative Committee that the first of the year you are going to have this strategy.

I have been asking for the last 6 years what is the plan, what are the priorities, and to this day you are sitting in front of me telling me what I have been hearing for 6 years. I realize this act has not been in place for 6 years, but tomorrow there will be a plan laying out the priorities in some detail as to what we will do.

Mr. Keating, one of the Policy Board's most important responsibilities is to develop budget priorities for the entire Federal antidrug control program. In fact, the Board is required by law to develop such priorities.

In response to written questions that I submitted to the Policy Board last spring, not this fall, last spring, not this winter, last spring, the Chairman of the Policy Board stated, and I quote, "For the fiscal year 1988 budget cycle, the Board did not have a formal budget process. Prior to submitting the budget to Congress, the Office of Management and Budget did brief the Board concerning Federal drug control resources and proposed budget actions. The Board recommended no change to the President. No vote was taken by the Board."

My question is this—and, again, you may not know the answer. You may not have the authority to give the answer if you know it. But has the Policy Board implemented a formal budget review process for the fiscal year 1989 budget cycle, as every other agency which you liken yourself to does? Has that been done? Is there a formal process?

Mr. Keating. Well, Senator, let me respond to the first of the three points that you made, if I may.

Senator Biden. If I may, answer that question and move back because I do not want another filibuster.

Mr. Keating. All right. The answer is at this time all of the presentations from all of the lead agencies and the budget requests from those lead agencies are before the Policy Board for review as we speak.

Senator Biden. Is that the process?

Mr. Keating. Yes. Once that review is complete, in consultation with OMB recommendations will be made to the President.

Senator Biden. Explain the process. I apologize for being so technical here, but tell me the process. The process is what? How does it get to you, or to the Board?

Mr. Keating. All right. Back in May when the lead agencies first were charged with the responsibility of going out and developing the plans that you referred to. Those lead agencies were also requested not only to review what policy changes were required to make them do a better job, what statutory changes were required to make them do a better job, what regulatory changes were required to make them do a better job, what strategy would they recommend, coordinated strategy, to address, for example, the interdiction problem, but also what resources they needed to do a better job.

Senator Biden. That is required by law.

Mr. Keating. That is correct; what changed allocation of resources is needed for them to do a better job. Those plans have all been completed, and maybe I will make my response to your second point, in part, in answer to your third.

But all of those plans have been completed. All of those plans have been thoroughly reviewed and debated by the Drug Policy Board. There are certain statutory——

Senator Biden. And they all have a dollar sign attached to them. Is that what you are telling me?

Mr. Keating. That is correct.

Senator BIDEN. They all have a budget request attached?

Mr. KEATING. Well, that is correct. Some of those budget requests are for more dollars than otherwise existed in the 1988 budget submission; some have the same dollars. But the reality is that what is being debated now is, for example, whether or not we should have $10 more in a treatment and rehab facility, or in treatment and rehab funding, or $10 more, for example, for a P-3 aircraft or an E-2C aircraft.

All of those plans have been submitted. That debate has taken place. Tomorrow, which is one of the monthly Drug Policy Board meetings—tomorrow the purpose is to review a number of the statutory, regulatory, and also some of the budget questions that have come up during the course of the review of these lead agency plans.

Once that process is completed, I would anticipate at the next meeting that a number of the unresolved issues—I would hope a number of them would be resolved tomorrow—a number of the other unresolved issues would be, in fact, resolved.

But there is order, there is a plan, and I think for the first time, certainly, in the 2 years that I have been here I can say—and in the many years I have been a State or Federal prosecutor and in law enforcement—this is well done, extremely well done and well organized.

Senator BIDEN. When will we be able to see it?

Mr. KEATING. I would say right after the first of the year. That is the best estimate that I have.

Senator BIDEN. You also are charged to develop a long-term plan of budget priorities. Will there be as part of this budget plan—like the Navy does or like other agencies do, will you come in with telling us what you need and want for next year and then tell us what the next 2 and 5 and 10 years look like in terms of your priorities?

Mr. KEATING. Whatever the Congress requires, Mr. Chairman, will be provided. Obviously, it will be another administration.

Senator BIDEN. Well, it will be the first time you will have done it. It will be the first time you will have done it if you do it this time. I am delighted to hear it, but it will be the first.

Last question before my time runs out: The Chairman of the National Drug Policy Board is also authorized by law to reprogram funds among Federal anti-drug agencies. In this way, the highest priority programs would receive the greatest share of resources.

Do you know if the chairman of the Drug Policy Board has ever used that authority to reprogram monies?

Mr. KEATING. Well, not to my knowledge, Senator. I have only been here two years. It has not been during the time I have been here, but that does not mean in this process, when this process is completed, that it will not be requested and done.

Senator BIDEN. Well, my time is up. As I have said now for—let me be precise—I think since 1978 during the Carter administration, I once again wish you luck. I want to help, and hope it will occur, but if it occurs it will be the first time. Somebody had better get on the stick, it seems to me.

But at any rate, I yield to my colleague from New York.

Senator D'AMATO. Thank you, Mr. Chairman.

Mr. Keating, let me pursue a question which we chatted about this morning. What conclusion, if any, has the National Drug

Policy Board come to as it relates to the desperate situation that we face on the Federal level with respect to prison overcrowding, and are you going to be moving in a direction to construct the necessary prisons to keep us from having more calamitous situations?

Mr. KEATING. Well, Mr. Chairman, in response to your question, at present 44,000 Federal prisoners reside in facilities designed to hold just 27,750. We are, as you were informed this morning, some 60 percent overcrowded.

Given current capacity and prison construction envisioned in the administration's current budget plan, the Justice Department predicts that the current overcrowding rate will grow to 72 percent by 1997. Unalleviated, this crowding may cause a gridlock in the Federal criminal justice system.

Senator D'AMATO. Mr. Keating, do not let me interrupt you from reading that. I mean, I understand that, coming from a State that has these kinds of problems. I look here and I do not think there is any one of us who does not. Certainly, Senator Graham, former Governor Graham, recognizes that.

I am asking you what are your recommendations, and are we going to take the kinds of steps necessary to avert a crisis that is becoming more critical on a daily basis? You have a crisis here.

Mr. KEATING. There is no question about that.

Senator D'AMATO. So let me ask you, are you at liberty to indicate to us what plans you have as it relates to meeting this crisis? You know, we have been asking for the old bases, to use some of them, and we had the former Secretary of Defense fighting us every inch of the way. I mean, what are we doing?

Mr. KEATING. At the present time, the prison group of our Drug Policy Board made its report, to the best of my knowledge, I think, last month.

Senator D'AMATO. Last month?

Mr. KEATING. Last month, to the Drug Policy Board. We are requesting and expansion of Federal prison and detention capacity. That will be required. We seek to reduce the Federal prison overcrowding to 20 percent of rated capacity by 1997.

One of the recommendations, which is only a recommendation, is to utilize Justice and Treasury forfeiture funds to augment appropriated funds for prison and detention space expansion and, finally, to annually update Federal inmate and detainee population projections and refine capacity requirements, plans, and funding requests accordingly.

The Board has accepted the responsibility to address this problem. We have a target, that 20-percent crowding target by 1997.

Senator D'AMATO. You will be requesting the construction of additional prisons?

Mr. KEATING. That is correct.

Senator D'AMATO. How many?

Mr. KEATING. I do not have that figure, Senator. I will be happy to provide it for you.

Senator D'AMATO. When do you think we could have a projection for what that will contain in the next two budget cycles? I mean, you are looking long range, are you not?

Mr. KEATING. That is correct.

Senator D'AMATO. Well, when do you think we could get that information?

Mr. KEATING. I will attempt to secure it for you right after this hearing and provide it to the members of the Caucus as quickly as possible.

Senator D'AMATO. Would you do that?

Mr. KEATING. Yes.

Senator D'AMATO. Great.

One other question. One of the most frustrating enforcement issues has been dealing with INS. Senators Hollings, Rudman and myself put report language in our bill asking Commissioner Nelson to give us a report as it relates to INS in investigating the emerging crime groups and what its enforcement efforts have been as it relates to the criminal aliens.

We have not received that report. That report was due November 1. I gave you a letter with respect to that. Will you attempt to find out what is happening, first, with the request for the report and, second, a followup on Senator Hollings' letter?

Mr. KEATING. I will be happy to do both, Senator.

Senator D'AMATO. That was an easy one.

Mr. KEATING. I might note, Senator D'Amato, that on the southwest border alone we have cross-designated some 2,000 INS officers with———

Senator D'AMATO. Look, I can tell you in New York the criminal investigation unit of INS has been reduced to paper shufflers and they are doing nothing, and it is an absolute tragedy.

Anybody who wants to get involved in investigating the criminal aliens is shifted out, is moved, is discouraged, and what we have now is sending out notices to employers at sweatshops with respect to what their responsibility is under the new law.

Now, I want to tell you something. Our priorities are mighty mixed up, and you who are out on the front line over there directing DEA agents and FBI agents and trying to keep up with the demands of the overworked prosecutors, should be incensed at that kind of activity. I am. We are letting everybody down. That is incredible, and that is what is taking place.

Commissioner Nelson, notwithstanding his promotions about illegal alien signup, ought to be concerned about the criminal illegal alien, because that is what the people are concerned about. If you are going to set priorities, go after the guy who is pushing drugs, who is committing murders, and the Colombian gangs that are roaming Jackson Heights. I mean, those are the problems that you have and our priorities are pretty mixed up.

Let us follow through on that. I would suspect probably ten years from now, if I am still here, I will be asking the same question; it may be a new face. Senator Biden, who has done it for 10 years, I commend you, Mr. Chairman, for your perspicacity.

Dr. Ian MacDonald———

Dr. MACDONALD. You have got it.

Senator D'AMATO. I wanted to touch all his titles.

Doctor, you do a great job. Do you have a list of States that have drawn down the emergency drug treatment money?

Dr. MACDONALD. Yes, sir.

Senator D'AMATO. Is New York State on that list?

Dr. MacDonald. No, sir.

Senator D'Amato. How much money were they entitled to?

Dr. MacDonald. $13,459,000.

Senator D'Amato. When were they entitled to that more than $13 million? What date would that have been?

Dr. MacDonald. All of the States had their plans approved by the Federal Government prior to September. Part of the plans, the 45 percents, were all approved by the end of April. This report is as of the end of October. As of October 30, New York has drawn down zero.

Senator D'Amato. They could have drawn down that money as of last October, is that right?

Dr. MacDonald. No, sir. The thing you are asking about is, I think, just that $162 million additional that passed last October. It came in two chunks, 45 percent that was distributed by population and 55 percent by need. All of that, as far as the Federal paperwork, is done and ready to go and has not been picked up by the States.

Senator D'Amato. How many States are on that list?

Dr. MacDonald. The total that has been drawn down of the 162 is 18 million, which is 11 percent. I do not know; I would guess maybe 20 on the list. Arizona is on the list for 45 percent of their money. Florida is on the list for 25 percent of their money.

Senator D'Amato. You mean they have drawn down 25 percent?

Dr. MacDonald. Yes. Alaska has drawn down 27 percent.

Senator DeConcini. Would the Senator yield for a followup?

Dr. MacDonald. Delaware is not on the list.

Senator DeConcini. Would the Senator yield just for a followup question?

Now, you take Arizona. They have drawn down 45 percent of what would be available to them. How much of that has Arizona distributed out to local government efforts? Do you have those figures?

Dr. MacDonald. I do not have those figures.

Senator DeConcini. I think it is none.

Dr. MacDonald. But my understanding is that they cannot really do the drawdown until they are ready to distribute.

Senator DeConcini. Can you just explain that? Does that mean some of it is actually in the hands of the treatment organizations?

Dr. MacDonald. That is correct.

Senator DeConcini. Thank you.

Senator D'Amato. Doctor, let me ask you this—and I ask Mr. Keating—given the problems as it relates to the failure of getting these monies to local governments, do you see the necessity of possibly amending the law so that there is a flow to, let us say, jurisdictions of a certain population?

You know, when this money is drawn down, Senator DeConcini makes the point that you do not know how long it languishes in the State agency before it is finally parceled out among school districts or law enforcement people.

Dr. MacDonald. We were concerned and talked to the States and got lots of reasons for the problem, and they really varied. Some of it, I think, is just putting this large, new amount of money in priming the pump and it is just a slow process.

There is a piece in the law that may slow it down. In the bill that you passed last year, you said no funds shall be allotted to such States for any fiscal year unless the legislature of the State conducts public hearings on the proposed use and distribution of funds. That could be a slowdown process. Some of the States have that law themselves, but the Federal thing may slow it down.

The States say that they are concerned that it is only 1-year funding and they do not know how to go about doing it. They have got a variety of reasons, and I would agree with Mayor Berkley. I do not want to throw blame, but it is a problem.

Senator D'AMATO. Let me ask one further question, Mr. Chairman. I see that my time has run out, but, Mr. Keating, as it relates to the drug law enforcement aspect, do you have the figure available as it relates to what New York is entitled to?

Mr. KEATING. Yes, I do, Senator. New York is entitled to $11,539,000. Of that, 61.73 percent is to be passed through to local jurisdictions.

Senator D'AMATO. So those dollars would then go to my friend, Sterling Johnson, the special prosecutor for drug enforcement in New York, part of those funds?

Mr. KEATING. Well, I would assume so.

Senator D'AMATO. Let me ask you how much of that $11,500,000-plus has been drawn down.

Mr. KEATING. The only information I have, Senator, is that as of November 23, all awards have been made except five, those to Arkansas, Louisiana, New Mexico, Puerto Rico, and West Virginia. So, to date, 163 million of the $178 million has been distributed, according to the notes I have.

The discretionary funds, some $43 million, have also been distributed, and many of those, Senator D'Amato, went to large urban areas.

Senator D'AMATO. I would like to review with you privately and have the opportunity to go over in detail how much of these funds are left, when they have been available, the method of allocation, because I think the program is desperately in need of reform.

We get figures that are far different which indicate that the vast bulk of the $11 million has not been drawn down.

Mr. KEATING. My information shows that those funds, according to these notes, should have already been distributed to the States. Now, whether or not they have gone to the local jurisdictions, of course, is up to the State apparatus. I do not know if that has been done.

Senator D'AMATO. Well, let me give you what we have gotten from the Department of Justice. Out of $11,539,000, as of October 30 $445,000 was issued, and that is it. So what you are saying is that although they are eligible to draw down on these funds, they have not drawn down on those funds.

Mr. KEATING. That is correct.

Senator BIDEN. The Senator from Arizona.

Senator DECONCINI. Mr. Keating, can you give me those figures on Arizona just for the record, please?

Mr. KEATING. Yes, Senator DeConcini. According to my figures, Arizona was entitled to $2,478,000. Of those funds, 64.04 percent were to be passed through to local jurisdictions, and according to my notes, as of November 23, those funds have been provided to the State.

Senator DeConcini. So the State has taken its maximum amount. Now, you have no record as to whether or not that has been disbursed by the State?

Mr. Keating. No, I have no record of that. I will be happy to check, though.

Senator DeConcini. Would you? Do you have the apparatus to do that?

Mr. Keating. We can check, obviously.

Senator DeConcini. Do you not think that would be worthwhile doing to bring pressure on the States to get the money out? I know what is happening in Arizona. They are sitting on it because they were not ready for it. They made their application, they got the money from the Feds, and then they did not have their applications ready and processed, and that is one of the problems. But I think something could be done.

Mr. Keating, back in August I chaired some hearings in Phoenix and I was surprised to learn from the Border Patrol witness there, Assistant Chief Tom Wacker, that they are still severely understaffed in Arizona and have not seen increases in staff in over 2 years.

Can you update me on why the Border Patrol personnel has not been increased—and maybe it has been since August—and what is being done to fill these positions?

Mr. Keating. Senator, I do not have the figures available, but I do know from the best of my recollection that as we put together Operation Alliance, in the first calendar year of Alliance there were to be some 437 additional Border Patrol agents assigned to the Southwest border.

Now, obviously, a percentage of those would go to Arizona. I recall that I believe it was at one of our budget hearings that that figure was shared. I think several dozen was the figure that would be assigned to Arizona, and I understand all of them are there.

Senator DeConcini. If you would yield, that is not my problem. My problem is that the positions have been allocated, but they have not been filled, at least as of August. My hope is that the Drug Policy Board would look into down the line whether or not that is still the case—that was the case in August—and what you can do to get those positions filled.

There seems to be some problem, at least in the Border Patrol. It may be true in Customs and DEA, too, with additional positions. I wonder if the Drug Policy Board has an oversight view or a snapshot of just where they are on a day-to-day or week-to-week basis as to filling these positions.

Mr. Keating. I will be happy to check, Senator. As of yesterday, the information that I received, because we were concerned especially about the 60 assistant U.S. attorneys that were to be assigned to the Southwest border—as of yesterday, all of the positions allocated for Alliance were filled, according to the information I have.

Senator DeConcini. Including the Border Patrol?

Mr. Keating. That is correct. I will double check.

Senator DeConcini. OK.

Mr. KEATING. I have just been informed that additional positions for Arizona for Alliance in the Customs Service have been filled. A total of 947—that means in Arizona 29 agents, 11 investigators, 4 enforcement support personnel, 22 inspectors, 5 enforcement officers, 1 intelligence officer, and 51 air crew.

Senator DECONCINI. Hopefully, you are right. Mr. Wacker pointed out that they asked for 158 positions, and that was in 1987. I asked him if he had been denied those and he said, no, sir, we have not been; we have not heard anything.

So I would appreciate it if you could look into that, but not just for Arizona. It seems to me like it would be helpful if the Drug Policy Board had some kind of idea about the filling of these positions.

My point also is, Mr. Keating, I think you are trying to do a good job with the Drug Policy Board, and though this is not the forum to promote a national drug coordinator, it just seems to me that the time that has elapsed from just the creation of the Drug Policy Board, I think, in October 1984 when it was legislatively created, and sometime in 1985 when the Attorney General put it together—it was not until last May that finally that Board, through the leadership of Attorney General Meese, finally made a designation of the lead agency on interdiction.

It just seems to me that some of the problems you face up here, as we discussed earlier this morning at breakfast, are the perception that things are moving awfully slow; that it takes an awful long time. I am glad that decision was made, but it took so long to make it, we seemed to lose some time up here. I realize there are many, many bases to touch.

My last question, Mr. Keating, is what can you tell us the Drug Policy Board is doing in the area of international cooperation, and particularly with Mexico?

Mr. KEATING. Mexico, as we mentioned this morning, Senator, at breakfast, is a very difficult situation. We do not get the cooperation out of the Mexican authorities that we think we need.

We need and they need to understand that this is a joint responsibility. They are manufacturing and transiting the drugs and we are consuming them. In order for us to address our problem here, they have to address their problem there; namely, getting much tougher in the law enforcement area with the traffickers and with the growers.

Senator DECONCINI. Do you think there is an effort to do that on their part?

Mr. KEATING. Yes. They insist that that effort exists; that they are applying unprecedented——

Senator DECONCINI. Are you satisfied it exists?

Mr. KEATING. Am I satisfied?

Senator DECONCINI. Are you satisfied it exists?

Mr. KEATING. No, I am not, Senator.

Senator DECONCINI. You are not?

Mr. KEATING. No.

Senator DECONCINI. I am not either, and I think some reports from DEA agents in Mexico will substantiate your dissatisfaction as well as mine and it really concerns me. I have a speech here that our Ambassador to Mexico from the United States made recently, October 26, before the Arizona town hall that is just absolutely the greatest defense I have seen on the part of the Mexican Government doing such a great job, citing how many military people have been killed.

We know that, and I think it is a tragedy, but our own agencies—and you obviously have access to that, some of the DEA reports on what is going on in Mexico—just do not substantiate what our Ambassador thinks, that everything is so terrific on the side of the Mexican Government. I am glad you are aware of that, Mr. Keating.

Only due to time, I am going to curtail my questions. Thank you, sir. Thank you, Mr. Chairman.

Senator **Biden**. The Senator from Alaska is next, but I understand he has yielded to accommodate the time constraint of the Senator from Florida.

Senator **Murkowski**. The Chairman is correct. It is my understanding that only 27 percent of the funds available to my State of Alaska have been drawn. You should know it is my intent to go back to the State and indicate to the State what the specific problem is.

I would assume that the State is going to get busy and contact you and you are going to be in a position to expedite the balance of the emergency funds due our State, because there is a perception in our State that the problem lies in Washington and a great frustration that it is not getting out to people, particularly in the area of law enforcement recipients.

So I assume you are set up and when the deluge comes, you are going to be able to expedite the process very rapidly.

Dr. **MacDonald**. Senator, if I can just respond, the 27-percent number I gave deals just with the emergency treatment funds.

Senator **Murkowski**. I understand.

Dr. **MacDonald**. And that has been approved for the State of Alaska in the amount of $2,240,000. All they have to do is write the check and we will cash it.

Senator **Murkowski**. Write the check? You write the check and they cash it.

Dr. **MacDonald**. That is right. They just have to get the program contracted out and the money goes.

Senator **Murkowski**. But that is only 27 percent of it?

Dr. **MacDonald**. No. That is what they have done so far. I am sorry; the amount is $560,000. That is the right amount.

Senator **Murkowski**. It is coming down.

Dr. **MacDonald**. Well, yes, that is the way it goes. [Laughter.]

Senator **Murkowski**. Just so I understand——

Dr. **MacDonald**. And they have drawn down 27 percent of that. They have drawn down——

Senator **Murkowski**. They have drawn 27 percent of $560,000?

Dr. **MacDonald**. They have drawn down $151,000.

Senator **Murkowski**. And all they have to do to get the balance is what?

Dr. **MacDonald**. Is to contract it out to the programs within the State of Alaska.

Senator **Murkowski**. And then you will give them the balance?

Dr. **MacDonald**. Then they will get their money.

Senator **Murkowski**. And that will be expedited?

Dr. **MacDonald**. Electronic transfer.

Senator **Murkowski**. Thank you.

Senator **D'Amato**. Mr. Chairman, if I might impose on my good friend from the State of Florida, Senator Graham, just on this point, Mr. Keating threw me for a little loss; he threw my staffers for a big one.

Look at your numbers. State of New York, $11,539,000 is what they are eligible for for drug enforcement assistance grants, is that correct?

Mr. **Keating**. That is correct.

Senator **D'Amato**. My information from Ann Voight, Congressional Affairs, Department of Justice—she works for you, does she not?

Mr. **Keating**. No.

Senator **D'Amato**. She does not work for you? Department of Justice, Ann Voight—do you know her?

Mr. **Keating**. I am in the rival department, Treasury.

Senator **D'Amato**. OK. Well, my numbers from the Department of Justice are the $445,000 is all that was drawn down as of yesterday. There is a difference between being eligible and drawing down. Do we understand that?

Mr. **Keating**. Yes. I thought that is what I had said, Senator. According to my information that was provided me by the Justice Department, all awards have been made except five States; that includes New York's $11 million.

Senator **D'Amato**. All awards have been made, and I am talking about how much money has New York drawn down. Do you know how much? Well, I am telling you how much. They have only drawn down $445,000. Do you have any figures there that indicate anything on that subject?

Mr. **Keating**. Dr. MacDonald provided me a note that said $445,000 out of $11.5 million was drawn down by New York.

Senator **D'Amato**. OK, all right. Thank you, Senator.

Senator **Graham**. Thank you.

I would like to go back to the chart that you have relative to the coordination of Federal efforts. When I was in an executive position, we would have an organizational chart that would indicate what our standards of performance would be and our chronology for the attainment of those and some milestones, with numbers to quantify our objectives.

To select from your organizational chart one area, and that is, as you mentioned, an area of special interest to the Senator from Arizona and myself, and that is interdiction, what are your quantifiable standards of measurement of performance? What are you trying to accomplish, against which you will evaluate performance?

Mr. **Keating**. Senator, if I could have 30 seconds, we do have that. That is part of the interdiction plan that has been approved by the Drug Policy Board and there are quantifiable—cocaine, heroin, marijuana, other drugs, synthetics—certainly, 100 percent of the cocaine that is consumed in the United States comes from abroad, all of the heroin, and 80 percent of the marijuana.

Customs does have, with the Coast Guard, a figure which they seek, you know, total seizures and a percentage increase year by year, to determine, milestone-wise, how successful they are. I do not have that figure right now. That is part of the strategy.

Senator **Graham**. Will you be evaluating the budgets submitted to you against those quantifiable goals?

Mr. **Keating**. Well, yes. I would say that that has to be a factor in determining whether or not those dollars are wisely spent. If you commit a dollar to interdiction and you expect, for example, a dollar of narcotics to be seized and you seize 50 cents, it indicates that maybe you are spending too much money or you are not doing it right. So we will audit the success of the interdiction plan.

Senator **Graham**. If you are using your money effectively and efficiently, there ought to be a relationship between resources expended and performance accomplished; that is, if your goal is to continue the current level of approximately 15 percent plus or minus interdiction, there is a certain resource demand. If your goal is to double that to 30 percent, there is a different level of resource, et cetera.

Do you have an analysis of different levels of expected performance as related to the resources reasonably necessary to attain that level of performance?

Mr. **Keating**. Yes, we do, and I would be happy to share that with you.

Senator **Graham**. And so when we see the budget that the President submits next year, we would be able to draw a conclusion that based on this resource level it is the President's recommendation that the national policy be "x" in terms of goals to be accomplished, is that correct?

Mr. **Keating**. Yes, that should be included. Now, Senator, I want to just provide one caveat. In law enforcement it is very difficult to be rigidly attached to an objective criterion or objective criteria.

The level of deterrence, for example, provided by a law enforcement presence, a cop on the beat, is very difficult to quantify. You know, having one policeman, two policemen, how many bank robberies are you discouraging? How many, in the case of south Florida, narcotics smugglers are you discouraging? That is very difficult to quantify.

But we are doing our best to do a lot more with a lot less, and that is a part of this plan.

Senator **Graham**. I would like to see that analysis, if you could supplement with some written materials.

A second aspect of coordination is the balance within the criminal justice system. You mentioned the difficulties in the Federal Bureau of Prisons in terms of the serious overcrowding.

What is your goal in terms of assessing each increment of the Federal criminal justice system to see that constipation in one area does not cause the rest of the system to be able to function at less than its intended capacity?

For instance, what does it do to your prosecutorial function when you are prosecuting people to be sentenced to a Federal penal system that is 40 or 50 percent over capacity?

Mr. **Keating**. Your use of the word "constipation," Dr. MacDonald reminded me, was a medical term, and perhaps he should answer that, but I will do the best I can with the law enforcement side of it.

Senator GRAHAM. I think it hopefully is also a communicative term in terms of what the problem is.

Mr. KEATING. Yes. That is a very real problem. The greater success we have—and we have had great success in seizures, in arrests, and in forfeitures—we have more people to put in prison.

Right now, a third of all the people in Federal prison are narcotics violators, and that is significantly up from a very few, short years ago. That is causing a constipation problem.

Senator GRAHAM. I know in the State of Florida we used to have various relationships. We would know that if the city of Tampa added an additional 200 street law enforcement officials, we could anticipate the increased number of persons arrested and what that would mean to the prosecutorial responsibilities and to the other dimensions of the criminal justice system.

Are there similar analyses that have been done within the Federal criminal justice system so that when you perform your budget review function you are looking systemically at the Federal responsibility and allocating resources so as to avoid a constipation?

Mr. KEATING. Well, Senator, because I have not reviewed the Florida example, either the local example or the State analysis, I am not at liberty to say whether or not ours is as sophisticated or less sophisticated or more sophisticated.

But we are attempting to follow that kind of analysis. For example, in our lead agency strategy the investigators determine what is the nature of the threat and the prosecutors are attempting to acquire the prosecutive assets to lock up the people the investigators feel need locking up.

And then we have to look at prison space, as well as prosecutive resources, to determine whether or not the Federal Government truthfully should be in this business, or in a part of this business.

All of that is a part of the strategy documents in prosecutions and investigations which have been reviewed and adopted by the Drug Policy Board and, as I indicated to Senator D'Amato, will be shared with the Congress, we anticipate, shortly after next year.

But that kind of analysis is a part of it, perhaps not with the sophistication of Florida. I do not know, but that is a part of the analysis.

Senator GRAHAM. So after the first of the year, as we look at the President's budget recommendation we will be able to see an overlay of policy judgments as to what is necessary at each increment of the Federal criminal justice system in order to maintain balance in the system?

Mr. KEATING. That is what will be intended, yes, Senator.

Senator GRAHAM. My time is about to expire and I would just like to ask one last question, if I could, Mr. Chairman.

Senator BIDEN. Sure.

Senator GRAHAM. I am interested in the issue that both of you have spoken to, and that is the federal government as a leadership institution. If a school district were to ask the question what is the role model of the best drug education program in America, would they be able to look to a Federal school—for instance, one operated on a military base—as the role model of the best program?

If a corporation were interested in what can we do for our employees in terms of dealing with their prevention or treatment of drugs, would they be able to look at a Federal agency and say that agency has the role model of the best way to deal with employees in terms of their drug problems?

Where are we in terms of the Federal Government as a leader by example in the various dimensions of our national effort on drugs?

Dr. **MacDonald**. The question of a model school or a best school is an important one, and obviously what is a model school in the Bronx is different than what is a model school in Iowa, and there are many, many different pieces.

What we have done is, instead of setting up what we think is the perfect program, we have evaluated programs from around the country. Senator DeConcini—one of his constituents will be here talking about what goes on in their school.

The Department of Education published a book, "What Works in Schools", and that book, as I understand it, now is the second largest government-distributed book ever. It is a marvelous book which has two sections. The first section is what are the components of a successful school program, and there are only four—parents first, school second, and then it has a list of recommendations, each of those followed by a model school that follows those recommendations.

Senator **Graham**. I think you have gotten on to the example as opposed to the strategic question. Is the Federal Government, as an institution which operates schools, employs millions of people, does virtually every aspect of life which touches on the issue of drugs—do we have a standard to be the model of excellence that we can then point to as an example of what other similar institutions, whether they are educational, employment, treatment, can look to?

Dr. **MacDonald**. No, sir, the answer is we do not, and I am not sure that we should.

Senator **Graham**. Why, for instance, should not the best employee drug treatment program in America be a drug treatment program operated by a Federal agency, both in terms of its impact on Federal employees, but more importantly as an example and as a statement of our sincerity to make this standard of excellence available to others?

Dr. **MacDonald**. One of the things that we are doing is in terms of employee assistance programs. We are looking towards credentialing, setting what are the standards of good programs, but those standards are going to vary tremendously.

The standards of an employee assistance program will be fairly similar, but if you are running a small organization with 12 people in it, you are going to be looking for a different set of guidelines, perhaps, than if you are running a large plant.

What we are trying to do is look at what seems to be working, evaluate it, make recommendations, and publish those recommendations so people can go, rather than doing it ourselves.

The President, as you know, is very interested in a drug-free workplace, and in publishing the plans that the Congress should see later this month, we hope, from each of the Federal agencies, there will be a piece in there talking about how they deal with employee education, how they deal with employee assistance, and those measures.

But I do not see us doing it and saying that that is the way to do it, when it is already being done very well by companies like Johnson and Johnson and IBM and others. We would like to look at their model and publish it.

I guess we do not do education and what we do not do—treatment is what I am saying. We do not treat people. We do in the VA and we do in the military, but the great majority of what we do in education is supply money and information to States where they do it, and local communities where they do it.

Senator **Graham**. I recognize that, but the Federal Government operates the largest health care system in the world in the VA. Is that a correct statement?

Dr. **MacDonald**. I guess so.

Senator **Graham**. At least that is stated by the Veterans Administration that they operate the largest one in the world. We do operate a very substantial education system. We employ literally millions of people.

It seems to me that if the Federal Government is going to offer itself as a leader in this front that it ought to start by asking what can we as an institution do to lead by example, as well as by words, speeches and regulations.

So if a small firm of 20 people says what can we do to have an effective drug treatment program for our 20 employees, we can say here is an example of a program that is being operated by a Federal unit that also employs 20 people, and here is what they have found and have demonstrated to be effective strategy.

Dr **MacDonald**. Senator, I have no problem with that, but I could just as easily say there is another company of 20 people across town from you that we have looked at and we think is marvelous. Why do you not go over there and take a look?

Senator **Graham**. Yes. Hopefully, we will have all of those, but it seems to me that the Federal Government is in a morally less advanced position if it has not been assertively internalizing the advice that it is giving to other people.

Dr. **MacDonald**. No question; we ought to have the best schools we can possibly have.

Senator **Biden**. Thank you, Governor, because I think your role as governor has given us some insight here.

One of the things I would like to submit for the record is a question I directed to Mr. Meese, as chair of the Drug Policy Board, back in March 1987, the same question that you asked about goals. I will ask that it be submitted for the record, but I will just read from one small portion of it.

I say should we not be developing long-term goals on price, availability, consumption, et cetera? I will not read the whole thing. The answer was, at this point there are too many variables to permit us to set meaningful, detailed targets. Then it goes on to point out why you do not set targets on price, targets on interdiction, targets on consumption, targets on all these things.

So unless there has been a metamorphosis, which I am delighted to hear there may have been, you all, as of March, said you do not do it that way. Now, you have told us here today that you do it the way that the Governor of the State of Florida did it so successfully as Governor of the State of Florida. You said it may not be as good, it may be better, but you do the same kind of thing.

I will submit the same question, which I will not bother to read now, that I submitted in March to you again and ask for your written response to see if there is a change in the answer from March to December.

[Senator Biden's questions directed to Mr. Meese follows:]

QUESTIONS FROM SENATOR BIDEN

Q: The Strategy Report released by the Drug Enforcement Policy Board provides an analysis, for the first time, of where our federal dollars are being spent. Does the report contain future projections for resource and budget allocations?

A: Appendix B of the Strategy contains budget outlay figures for the years 1981 thru 1988, both by agency and by strategy component, such as interdiction, investigations, intelligence, and so forth. This is the first time that such a composite picture has been constructed. The Policy Board will use this analysis as key input into future deliberations regarding resource and budget priorities beyond 1988.

The Strategy does not contain future projections for resource and budget allocations beyond FY 1988. However, it should be understood that the National Drug Policy Board plays a role in the budget process not only in reviewing agency submissions during the normal budget cycle, but also in more subtle and indirect ways by influencing the makeup of those submissions. Through its various subcommittees and working groups, the Board, its Coordinating Group, and Staff are constantly evaluating various policy and resource issues which, once resolved, will be reflected in appropriate budget submissions. Thus, the Board not only looks at the submissions once they are compiled, but intends to have considerable influence as to what is in them to begin with by making longer-term policy decisions.

Question:

The President called for a "War on Drugs", yet there are proposed cuts of funds provided in the 1986 Omnibus Drug Bill which in effect makes it a one-year war. Didn't the President make a commitment to provide these funds when he signed the Drug Bill, which included a three-year authorization for these programs?

Answer:

During 1986, both the President and the Congress made it clear that illegal drug trafficking is a serious threat to the nation's internal safety and stability and that radical responses to the burgeoning drug problem were necessary. The Anti-Drug Abuse Act of 1986 and the companion Omnibus Drug Supplemental Appropriation Act of 1987 are a testimony to the determination and commitment needed to wage a "war on drugs".

The President's budget request for 1988 maintains the momentum begun in late 1986 in the Federal Government's drug law enforcement, prevention and treatment programs through the enactment of this significant legislation. Further, the magnitude of the 1988 request for anti-drug programs is proof that the Administration views this war as long-term in nature and not one year in duration.

In fact, the 1988 budget request represents an increase of 34 percent in funding for all Federal drug law enforcement, prevention and treatment programs over the level in 1986 from $2.270 billion to $3.033 billion. The 1988 Department of Justice budget requests substantial increases over 1987, including, for example, over 400 workyears for Drug Enforcement Administration programs in investigations, intelligence, foreign operations, ADP and technical support. Also, it includes 97 additional agents and support personnel for the Federal Bureau of Investigation's narcotics programs. The President's 1988 budget request provides an additional 417 positions for the U.S. Attorneys and an additional 800 new bed spaces to the Federal Prison System for drug violators. Clearly, the significant level of these increases for 1988 over 1987 reflects the President's commitment for the duration of the "war on drugs".

In terms of actual Federal Government outlays, the President's 1988 budget request proposes an increase from 1987 to 1988. This is because a number of the increases for the drug abuse prevention and treatment programs funded by the Omnibus Drug Supplemental Appropriation Act of 1987 will be spent over two years. A total of $75 million of the Department of Health and Human Services funding for drug abuse prevention and $177 million for drug abuse treatment will be spent over a two year time frame. Funding for other prevention and treatment programs drops from 1987 to 1988 due to first year start-up activities which should not recur in the base for the ensuing years. The Omnibus Drug Supplemental Appropriation Act of 1987 also included major capital purchases during 1987 for such items as radar balloons, aircraft, construction and other sorely needed enforcement equipment which need not be repeated in 1988. These legitimate actions all contribute to the drop in budget authority, but not in outlays between 1987 and 1988.

The President has proposed the termination of the State and Local Drug Grant Program authorized by the Anti-Drug Act of 1986 and funded by the Omnibus Drug Supplemental Appropriation Act of 1987. It is believed that the $225 million made available to State and local governments in 1987 will permit these units of government to significantly expand their efforts to enforce State and local drug laws. In times of fiscal constraint, the Administration must first utilize available funds to meet the requirements of the Federal justice system. This requires that State and local assistance programs formerly funded by the Federal Government be funded by the State and local jurisdiction which benefits from the programs. However, it is important to note that state and local governments will be receiving increased funds under the Assets Forfeiture program.

The details behind the President's 1988 budget for drug enforcement, prevention and treatment programs, include major resource increases over 1987 as well as legitimate program decreases. For the Federal Government as a whole, it reflects an increase of 147 percent in funding over a seven year period from 1981 to 1988. The President's 1988 request is one that will continue the intensity of the "war on drugs" and not just for one year, but over the long haul.

Q: When asked whether or not our drug strategy is working, you cite impressive seizure statistics and a record number of arrests. Seizures and arrests are important, but the real goal is decreasing usage. Shouldn't we be developing long-term goals based on price, availability and consumption, and setting targets two, five, and ten years down the road so we could later determine whether we are moving forward?

A: We have set some goals along those lines, and are constantly striving to improve on that. The President was about as straightforward as one can be on that issue last summer when he unveiled his Drug-Free America Act. He said our ultimate goal is a drug-free society. We can't set a time frame on that; it is probably going to be an elusive goal for many years to come. But we need to keep marching toward it.

At this point, there are too many variables to permit us to set meaningful detailed targets, e.g., that we are going to force the price of cocaine up to $X in 1989, to $Y in 1993, and to $Z in 1997. We could pull numbers out of the air, but that would more likely harm than enhance our efforts, as price depends on a host of different factors: foreign production, international transshipment patterns, our interdiction success, our enforcement performance, domestic education, prevention and treatment efforts, and matters as unpredictable as future weather patterns in South America. Besides, prices can be affected not only by changes in supply but also by reductions in demand.

The Policy Board's Drug Law Enforcement Strategy, published in January, elaborates on this issue. That Strategy is intended to serve us in law enforcement for the next two years, and it sets a law enforcement goal of a measurable and sustained decline in drug abuse of all kinds. Throughout the Strategy document, there are sub-goals in the various components of the Strategy, and we will be tracking those. The Policy Board is developing now a Strategy Implementation Plan that will identify all of the things we will try to accomplish, and then monitor those various efforts and report periodically on the progress. There are sure to be some areas where we will not do quite as well as we thought we might; in other areas we will exceed our expectations. We will apply what we learn to the next strategy -- setting better goals and reaching more of them.

One thing that must be appreciated on this issue of setting goals in drug law enforcement is how difficult it can be, particularly in quantitative terms, to measure the progress we are making. For instance, an increase in price could reflect either an increase in use or a decrease in availability. Also, we are dealing with a criminal activity.

These people do not file commodity reports with us, and it is very difficult to get accurate estimates of the quantities of drugs being produced, trafficked, and consumed. It is a problem we are working on constantly -- to get better measures of performance.

Q: You stated "Enforcement alone would not solve the drug problem. Reduction in demand is an essential component in winning the war against drugs." You listed the near tripling in the drug enforcement budget in the last years as one of the major accomplishments of this administration in relation to drug abuse. Six years from now, should we be listing a tripling in the drug abuse education budget as one of our major accomplishments?

A: Drug abuse prevention is an important element in fighting the overall drug problem, and we are devoting more resources to this important area as well. From a level of $133.9 million devoted to drug abuse prevention in FY 1981, the President's FY 1988 budget requests $321.4 million or nearly two and a half times the FY 1981 amount.

Many education and demand reduction efforts don't require a great deal of money. They are not capital intensive, and often depend largely on volunteers. We don't need to triple the funding in order to triple our efforts. We are hopeful that the increased resources and energy being devoted on both the supply and demand sides of the drug problems will provide a long-term success in the fight against drug abuse and trafficking.

Q: You have also stated that Congress and other officials who have criticized the drug budget either misunderstand the numbers or are playing politics with this issue. Yet despite your statements about demand reduction, the President's budget proposes to cut education funding by $150 million from the level authorized last October. Given the priority of educating our children, why are we cutting these funds?

A: The President's Budget proposes an unprecedented Federal commitment to drug prevention in the nation's schools and communities. The Budget funds the new drug abuse education program for the duration of its three-year authorization -- at $200 million in FY 1987, and $100 million in each of the next two fiscal years. The $200 million appropriated for FY 1987 will finance non-recurring costs such as planning and purchases of materials, as well as basic program operations.

As in many Education programs that operate on a forward-funded cycle, considerable time will elapse between when funds are appropriated and when they are used at the local level. Local expenditures of Federal funds for drug education will be minimal in FY 1987 and will increase to a steady state level in FY 1988 and FY 1989. Thus, the FY 1988 request of $100 million should not lead to cutbacks in local programs.

Q: The National Narcotics Border Interdiction System is headed by the Vice-President. Yet, you stated its functions are coordinated by the Drug Enforcement Policy Board.

Can you explain why NNBIS should be headed by the Vice-President?

Will the Executive Order change this structure?

A: The National Narcotics Border Interdiction System (NNBIS) had its origin in the South Florida Task Force (SFTF), created by the President in June 1982. Vice President Bush was asked to head the SFTF which was charged with organizing a comprehensive attack against drug traffickers and their organizations. As a result of the overwhelming success of SFTF, NNBIS was created to coordinate future operations to interdict the flow of narcotics in the U.S. Given the unique requirements of interdiction, which includes the involvement of many federal agencies, the coordination with the international community, and the need to increase the support of The Department of Defense and the intelligence community, the President asked the Vice President to head this new national effort. NNBIS, in coordinating regional, national and international interdiction efforts, complements the Policy Board which provides appropriate policy guidance and insures the continued effectiveness of the resource intensive drug interdiction effort by all agencies.

The Executive Order does not change the status of NNBIS. The Chief of Staff to the Vice President will continue to be a member of the Policy Board.

Q: The White House Office of Drug Abuse Policy was created to coordinate the Federal drug abuse policy effort. Now that the National Drug Policy Board will assume all demand reduction policy authority, will the White House Office be eliminated? What need is there to continue this office under the new Executive Order?

A: The White House Office of Drug Abuse Policy will continue to be a vital link in the President's total anti-drug effort. This office will continue to advise the President and his staff on demand reduction issues and will perform an ancillary function to the National Drug Policy Board. The Director of the Drug Abuse Policy Office will continue to serve as a member of the Policy Board.

The Policy Board will be responsible for the overall coordination of all efforts on both the demand and supply sides of the drug issue.

Q: I have proposed eliminating the National Drug Enforcement Policy Board, the White House Office of Drug Abuse Policy, and argued that NNBIS should be under the control of one office, in both day-to-day functions and in terms of who is in charge of NNBIS. In its place, I would create one cabinet-level office headed by one person.

In the past you have charged that this could create "more bureaucracy." Can you explain your past comments considering that I have proposed the elimination of three offices or boards and in their place charging one person with drug control policy?

A: First of all, there is one person in charge of drug policy -- the President; and I, through the Policy Board, am charged with carrying out and coordinating that policy, and with acting as an advisor to the President and the Congress on drug policy.

Secondly, just giving everybody the same name is not going to reduce the amount of work that needs to be done or the amount of liaison and coordination that must take place among different groups of people in the public and private sector dealing with different parts of this enormously complex problem. A name change isn't going to solve any of the problems we have today, and will simply set us back the two years we've been building up the Policy Board organization.

The expertise necessary to combat drug trafficking and abuse resides in the Federal government in a diverse collection of departments and agencies, each of which brings it unique combination of skills, capabilities, and experience to the fight. For nearly all of these agencies, the drug issue is only one of many missions and programs. The resources and support structure which these agencies bring to bear on drug trafficking and abuse serve many of their other mission areas as well. If you try to strip away the drug mission from these agencies, and collect them all somewhere else, the resources and support structures will have to be largely duplicated, with an overall growth in government at the same time that you are turning the clock back two years in coordination.

And finally, certainly creating a new cabinet-level, or super cabinet-level entity in government is going to bring along with it a significant entourage -- not only within the new department itself, but elsewhere in government in the form of new oversight bodies both in the legislative and executive branches, just as one example.

Q: As I understand it, the Board makes decisions by consensus. Is this true?

How can the Board be making difficult resource and strategy decisions if the only decisions that it approves are those on which there is unanimity?

Is this the way you run the Department of Justice?

A: The Policy Board can and does make difficult resource and strategy decisions based on the consensus approach. It is able to achieve this by taking full advantage of the organization's structure, including Coordinating Groups made up of the heads of drug control agencies, subcommittees, working groups, and a diverse interagency staff made up of representatives from each participating agency.

When the Policy Board examines an issue, it does so after the issue has been carefully considered at lower levels within the organization. Issues that can be resolved at the staff and working group levels do not require further debate at higher levels. When there is no consensus at the staff and working group levels, however, issues are presented to the Coordinating Group for resolution. In most cases, for most issues, the Coordinating Group agrees on specific courses of action. When disagreements still exist and cannot be resolved at the Coordinating Group level, these matters are presented to the Policy Board for final resolution. The Policy Board members -- all Cabinet officers -- work as a team in making decisions consistent with Administration policy and the national interest. In the rare event that the Policy Board could not agree, the matter would be taken before the President for resolution. All decisions are made after significant interagency discussion, sometimes at the highest levels.

This is also the way I run the Department of Justice, although the department's structure is, obviously, different from that of the Policy Board. In the department, when there is a difficult policy decision that cannot be resolved, I consult the Deputy Attorney General, the Associate Attorney General, the Assistant Attornies General, my assistants, and other concerned officials, and we generate solutions together using all available resources and expertise. In the few cases where an impasse develops, and my advisors cannot come to consensus, I decide the issue just as the President would in Policy Board matters.

Q: In its report released in March 1986, the President's Commission on Organized Crime stated:

> Jurisdictional disputes between agencies are the most serious obstacles to success in the struggle against drug trafficking. The personnel of each Federal agency involved ... from the chief executive to the newest employee, must understand that their agency alone can not solve the nation's drug problem. Acceptance of this reality will go a long way in eliminating the destructive competition that in the past has hampered Federal law enforcement.

Recently, the President announced that he would issue an Executive Order that would rearrange the Federal drug control policy structure.

How will that order help in eliminating the agency infighting that has undermined our drug control efforts?

Will this order give you, as Chairman of the National Drug Policy Board, any additional authority over the drug control budget process?

A: The Executive Order announced by the President, as you know, will place all Federal drug control efforts under one umbrella organization called the National Drug Policy Board. This organization will ensure that efforts directed at reducing the demand for drugs are enhanced and fully coordinated with strengthened enforcement activities to reduce the supply of illegal drugs. The National Drug Policy Board will expand the efforts of the old National Drug Enforcement Policy Board, and will continue to build upon the successes of that organization.

The major function of the new Policy Board will be to coordinate all Federal drug control activities. This does not mean, however, that all agencies will automatically agree on every possible policy action. Agencies will disagree from time to time. However, the Policy Board will continue to serve as the forum to address these disagreements and other tough policy issues and to carve out considered solutions that are agreeable to all. Once the Policy Board has determined an appropriate course of action, agencies join together in a unified front to fight the Nation's drug trafficking and abuse problems.

Through the new Executive Order, the National Drug Policy Board will have the additional authority to review, evaluate, and develop Federal drug control policy, strategy, and resources, just as the National Drug Enforcement Policy Board had that authority over drug enforcement matters. This includes, of course, authority over the drug control budget process and any additional tasking of agencies as may be required. However, the Policy Board has no intention of "micro-managing" the operations of each individual drug control agency. The Board will determine drug enforcement, education, treatment, and prevention policies and strategies, and it will set budgetary priorities and provide guidance in all aspects of drug control. Day-to-day drug control operations will continue to be managed and conducted by the dedicated experts in each relevant agency.

Senator **Biden**. The second point I will make before we go to the next panel is that, Doctor, the point that I think the Governor and Senator was making here is that wherever the best program is, if it is good, if it is the Du Pont Co. that has for its hundreds of thousands of employees a program—if it works, we should implement it at the Federal level among Federal employees.

We do that with the FBI. We say even though every State police agency is different than the FBI, we say here is how we do it at the FBI. Now, you all may be able to find some benefit from it in Dagsboro, Delaware, with a police force of three people.

We do it with the National Fire Academy. We do it with everything else. We do not seem to be doing it with drugs. Although I compliment Mrs. Reagan on saying just say no, it seems to me the federal government ought to start saying yes, we are going to do some things that need to be done. We do not, but I will move on. We do not do enough, in my view.

Thank you both. I look forward to seeing you again——

Dr. **MacDonald**. Thank you.

Mr. **Keating**. Thank you.

Senator **Biden** [continuing]. Hopefully, with your bosses next time.

Our next panel will be the law enforcement, education, and treatment panel, and they are Cornelius J. Behan, Chief of Police, Baltimore County, Maryland, and president of the Police Executive Research Forum; Robert Aukerman, director of the Colorado Department of Drug and Alcohol Abuse, and legislative chairman of the National Association of State Alcohol and Drug Abuse Directors; Sterling Johnson, a man who has been here and has the great respect of everyone on this panel, special narcotics prosecutor, city of New York; Mr. Don Skawski, principal of the Greenway Middle School, of Phoenix, Arizona; and Mr. Robert Scully, president of the National Association of Police Organizations.

What I would like to do is begin and have you limit your statements, if you would, to 5 minutes, and begin with Mr. Skawski because he represents the largest constituency on this panel, and then we will move in the order you will be called, Mr. Behan, Mr. Aukerman, Mr. Johnson, and Mr. Scully.

If you would limit your statements to 5 minutes, we would appreciate it very much.

STATEMENT OF A PANEL CONSISTING OF DON SKAWSKI, PRINCIPAL, GREENWAY MIDDLE SCHOOL, PHOENIX, AZ; CORNELIUS J. BEHAN, CHIEF OF POLICE, BALTIMORE COUNTY, MD, AND PRESIDENT, POLICE EXECUTIVE RESEARCH FORUM; ROBERT AUKERMAN, DIRECTOR, ALCOHOL AND DRUG ABUSE DIVISION, STATE OF COLORADO, AND LEGISLATIVE CHAIRMAN, NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS; STERLING JOHNSON, SPECIAL NARCOTICS PROSECUTOR, CITY OF NEW YORK; AND ROBERT SCULLY, PRESIDENT, NATIONAL ASSOCIATION OF POLICE ORGANIZATIONS

Mr. **Skawski**. I welcome the opportunity to talk to you today. Prevention obviously is an important issue. Drug abuse by teenagers today may be the most important social and health problem in the United States today.

I will preface the start of my talk with a statement that I heard from a college professor once that it is my job to talk and it is your job to listen. If you finish before I do, raise your hand and then I will back off.

Drug prevention has gone through some metamorphoses and changes. Obviously, we started a while back with fear. We used to drag drunks out in front of them and tell them this is what is going to happen to you if you use drugs. We have done a lot of things. You remember the "Reefer Madness" type films, and it obviously did not work.

We went through a second stage of education where we thought if we taught students about drugs that they would stop using them. Well, the example would be we would tell them do not use this blue pill with beer because it will get you high, and they would be taking notes rapidly to see what is the name of that.

We were increasing their knowledge and, actually, the research was showing that education alone may be increasing the use of drugs. So we went to what we now call the prevention model, and it primarily deals with the demand side.

I obviously know there needs to be a lot of effort on the supply side, but being a history major has taught me an important lesson. Prohibition is an issue that if you read about it, obviously you find out that we are not going to be able to legislate away this problem. It is going to take a lot of education and a lot of effort on everybody's part.

When I read the facts on what one drug lord in Colombia, South America, has to spend, he probably is outspending the entire United States budget in prevention and it is obvious that we do need to do more than just that area.

Schools obviously are the place to do it. People argue that it should be the health centers or the churches or whatever, but I contend that kids are not gathering at the police station and the lavatory and doing drugs. Kids are not gathering in the lavatory of the local hospital and doing drugs.

Senator **BIDEN**. In New York they are, right, Sterling?

Mr. **SKAWSKI**. They are gathering in the halls and in the rest rooms of our public school system. But the good news is there are programs out there that work, and I think that a great deal of effort needs to be put forth to find those programs, model them so we do not reinvent the wheel and just shotgun money out to programs.

Giving me a hundred dollars and telling me to find a way to use it is not the way to solve the problem. The best way to solve the problem is to let me come up with the solution and then put a dollar amount and ask for it.

I think there are successful programs. What is success? Greenway Middle School is a school of about a thousand kids in northeast Phoenix in the Paradise Valley School District. Do not let the name fool you. Eight years ago, I suspended 111 students in 1 year for possession and use of drugs and alcohol. To date this year, we have not caught one student on our campus.

Senator D'AMATO. Might I ask, the middle school, what is that grade?

Mr. SKAWSKI. Grades seven and eight in our building.

Senator D'AMATO. So in grades seven and eight, you had 10 percent of the kids that you suspended during the course of the year?

Mr. SKAWSKI. Yes, and this year we have not had any cases, and last year we had nine. The first year I was there, there were 2,270 students sent to my office from the classroom teachers for discipline. Last year, with 52 staff members, we had 165 kids.

Four years ago, which are the most recent figures, we had 12.2 percent of our kids absent every day. We have reduced that figure to about 7.5. Eight years ago, 200 parents took their students out of my school and sent them other places because they said the place was unsafe. Today, I have a waiting list; I have no more room for students at Greenway Middle School.

The last 2 years, we have been selected as the number one educational institution in the State of Arizona at the middle level. Recently, we were recognized as one of the top 250 schools in the United States by the U.S. Department of Education.

We have won numerous individual awards, including students of the year, teachers of the year, that type of thing. We have been highlighted in several national magazines, and this is my fourth trip to Washington this year to work with different committees and organizations.

That is what I am talking about, success. It is a people business. Our program entails education, discipline, and prevention. On the education side, we teach kids the factual knowledge about drugs. We do not lie to them and tell them that marijuana will give them warts. We do not tell them that drugs will not make them feel good, because that is stupid. We know what drugs and alcohol do to them.

We do have a lot of factual information on our side, however, that tells us about the long-term effects, the difference between highs and lows, and the relationships and the importance of using more drugs to reach those different peaks. Kids are not fools. Sometimes I think we underestimate students.

We also want to teach kids basic skills because you cannot feel very good about yourself if you are not good at what you do, and students who cannot read and who cannot cipher cannot feel very good about themselves. So we pour a lot of energy into giving them basic skills.

Discipline—we are tougher than nails. I have had an opportunity to visit 40 different schools, some of the best drug programs in the country, and there are a lot of different ways to do it, but one thing they all have in common is a tougher-than-nails discipline policy.

We do everything we can to prevent, but when they choose to violate the law, they must be prosecuted. A student's rights do not end when he enters the halls of my school, but neither should my school protect him from doing a criminal act. If he sells drugs or assaults another human being, he or she must be prosecuted, and we do that in every case.

Prevention deals with the high visibility-type things, the social activities, the assemblies, the balloon releases, the red ribbon days, and all the activities to raise awareness with the community and with the students and the parents. That is the area where we draw in a lot of the community businesses and support people who can see their name on the advertised balloons and that kind of thing.

You can go two ways, and most schools will go one of two—well, three ways. You can do nothing or you can go after the students at risk or you can try to build a positive school climate.

We took the quantum leap a few years ago and did both. We go after students at risk and we also are after building a positive school climate, and that is the way to go. Our model is cheap. I would like to enter it into the record. It is 32 pages. It costs five dollars and you can have a drug program. It does not cost much. It just takes some dedicated people and some people who care about kids.

Thank you.

Senator D'AMATO. First of all, let me say this. Senator DeConcini, from what we have heard, I can see why you wanted Don here. I am going to look at that booklet and see if we cannot get some of our people—and I think the seventh and eighth graders, you have got to get to them. If you wait until high school, they are on their way. Very, very impressive.

Mr. Behan.

STATEMENT OF CORNELIUS J. BEHAN

Mr. BEHAN. Thank you. I appear not only as the police chief of Baltimore County, but also as president of the Police Executive Research Forum, which is a membership organization of the largest departments in the country.

Senator DECONCINI. Can you pull that microphone a little closer to you there? Thank you.

Mr. BEHAN. All right now?

Senator DECONCINI. Yes, sir, thank you.

Mr. BEHAN. We thank you for the 1986 Anti-Drug Act, and I want to assure you that we are using it. In my jurisdiction last week, we announced the creation of a repeat offender squad for narcotics abuse, with a computer that will track these people down and try to neutralize them.

We have created now an asset seizure squad with a computer that will help us do the same thing, to find out how to tap the legislation in that regard, and that will be tied into the prosecutor's computer so that we can do this better together. We will be upgrading our chemistry lab and our video equipment in the jail. This cost $168,000; $56,000 of it is our money.

As I was listening to the testimony earlier, I was wondering if some of the problem with the money coming down is the matching ability of some of the jurisdictions with their tight budgets to come up with dollars to compare with the Federal dollars.

This initiative we have described has stimulated our county executive, Dennis Rasmussen, to form a drug abuse coordinating effort, a special office in the county with seven branches.

On the Governor's level, again with the same money, he has been stimulated to start a drug abuse in the workplace committee and an education committee in the schools. I co-chair the Drug

Abuse Workplace Committee with one of the local business executives.

Others are doing the same: in Broward County, Florida, eight new initiatives against crack, bikers and crack, PCP, organized crime's infiltration into the local jurisdictions, border interdiction. In Maine, there is the first ever statewide drug task force that has been created.

In Houston and Denver and Minneapolis and Detroit and Los Angeles, they have started crack task forces as a result of this act. True, many are still waiting for the money to come down.

All of these initiatives help us to interact with the FBI and DEA. The more we have to work with, the more we can stimulate them to cooperate with us, not that they are reluctant, but we all need all we can do to help each other.

In addition to that, money has been given through BJA to the Police Executive Research Forum to fund asset forfeiture training, and we have done it in two States already and we are going to Pennsylvania very shortly.

Also, they have funded us for training people in problem-oriented policing, a new type of policing in this country. And, we are doing it in attacking neighborhood drug problems, showing locals how they can fight neighborhood drugs through this problem-oriented approach.

We need all the help we can get; there is no question about that. The problem is enormous. Nothing has changed since the arguments were made for this act last year; it remains the same.

We commit all we can, and we still need more money to buy information, to protect witnesses, and to buy necessary equipment. We do not have enough resources to do our basic job. There are 240 million Americans in this country and we are only 500,000 strong at the local level. That is a very small number for a lot of policing, so we need help in starting new initiatives.

Another facet of the money coming out of BJA is that it stimulates increasing local, State, and Federal task forces, and that is a plus. We are doing all we can together; we have been doing it all. We make more arrests, we recover more narcotics than we ever have in our history, and still we are losing the war. Now, with this drug act in there, we can do more. If it stops, the programs will die very quickly.

Cutting funds, to us, is ludicrous. We are aware and grateful to this administration for increasing FBI and DEA involvement and other initiatives, but we cannot stop. Drug dealers are increasing, they are becoming more sophisticated, they are doing more things than they have ever done.

The Feds are required to go after international drug people, as well as those that transcend our boundaries. We are left with the rest, and that is a lot of dealers and an awful lot of narcotics-pushing around.

The country needs us to go after it at the local level. We are an essential part of the national movement, and yet we do not seem to be at the forefront of getting all the money. If we stop funding, as I mentioned, programs will go down the drain.

Some say, for example, that asset forfeiture ought to be all the money we get in terms of Federal help. There are problems with that. That is certainly a very good law and we are very pleased with it, and it has done a lot of good at the Federal level and is gaining popularity at the local level.

But some small jurisdictions do not have assets, but they have narcotics problems. For example, I was in the State of Washington giving a talk only a few weeks ago and I asked the chiefs there, what about the problem. They said there is no way they can protect their shoreline and there are fields in the woods that they can never even find and locate. There are no assets in that, but there are plenty of drugs out there to chase down.

Some States have inadequate laws; they cannot take advantage of it. Some have not got the wherewithal to go after the real estate and boats and bank accounts, and that sort of thing.

The danger, I think, is that if we put this as our only money out there, for survival, in order for us to gain money, we may have to concentrate on those drug dealers that have money. That, to me, would be a very myopic point of view if it ever came to that.

Asset seizure is good, but as a sole source it might have agencies going for dough instead of going for excellence and going for quality, and we should guard against creating that kind of an atmosphere.

Senator BIDEN. Excuse me. Why would that be a problem, because there is clear evidence that the people with the dough are the people that have the organizations?

Mr. BEHAN. Because there is a lot more on the local level to narcotics interdiction than just going after dealers. We have tremendous other kinds of problems on the streets and neighborhoods to deal with.

My concern, and it is just a passing concern, is that if we only let the locals have a source of money that goes after assets, you might neglect many of the other conditions in a community that need attention.

So as I close, I would like to urge you not to cut the funding and to view narcotics, as I have heard in the prior testimony, as a national dilemma, a national disgrace. An all-out war is required. The Federal Government has to provide leadership in this area, and the resources, and we must win the war or we will lose it.

Thank you very much.

[Responses to questions submitted by the Senate Caucus follow:]

RESPONSES OF MR. BEHAN TO QUESTIONS SUBMITTED BY SENATE CAUCUS

1. What are your impressions of the impact that federal Anti-Drug Abuse Act Funds have had on the ability of local police to combat drug trafficking?

Although distribution of funds to the implementing grantee agencies (i.e. counties and cities) has been a bit slow, the money is now working its way to the action programs at the grassroots - just as Congress intended it. Moreover, all of the 1987 discretionary grant awards have been made, and are already providing services. For example, the Forum's own asset forfeiture project has conducted three state training programs (in Arizona, Colorado, and Pennsylvania) and will complete Georgia in early January. It is reasonable to expect that in the next year (provided there is continued funding) the initial issue of slow start-up, that now consumes so much of our attention, will fade away and not be repeated.

I should note that concerns for slow start-up and funding distribution may fail to take account of the need for comprehensive state and local plans for the distribution of money, and for fiscal safeguards that ensure the honest administration of this program. Speeding up fund distribution without adequate plans and spending controls can create the very problems that would destroy this type of program. So, we might look at a slower paced level of program implementation as a disguised blessing. Hopefully, in short order it will result in better program planning and overall program integrity. None of us can afford to lose sight of this point, however frustrating the matter may seen at the moment.

2. What impact did the threatened termination of local funding under the 1986 Act have on the ability of police departments to develop long term plans to deal with drug abuse?

I feel that the threatened termination, as a proposed action that by definition has not occurred, will have minimal impact on our long term planning. I must emphasize, however, that many of my fellow police executives do not feel that the proposed termination will actually occur. Perhaps we have more faith in the dedication of the U.S. Congress, which by passage of this legislation in 1986 signalled a deep understanding of the complex national and international narcotics problem. Consequently, we expect you and your colleagues to come to a realization shortly of the continued need for this program. We are confident that, as a result of that realization, you will restore at least most of the cut funds and we can get on with the task of planning for comprehensive narcotics control at the local level of this nation.

3. What input did the Forum have with regard to the Administration's decision to eliminate the state and local law enforcement assistance program?

Simply put, we were not consulted at all. Perhaps this was due to their foreknowledge of our extremely negative reaction to such an action, even if it were presented as a trial balloon. I can tell you this: they would have gotten a real earful if they had called on me. We have enjoyed a very candid relationship with officials in this administration, and I might add that we did not appreciate the fact that we did not have an opportunity to express our candor on this critical issue.

4. Do you think that the concerns of local police departments are being adequately represented within the White House and Justice Department?

By and large, I would say yes. The Forum has enjoyed frequent and direct access to appropriate members of the Administration on issues that are of prominent concern to us. However, with respect to the drug issue, we faced something short of optimum access. Specific decisions like the proposed termination of Anti-Drug Abuse Act funding, and the recent turnabout on the plastic gun issue, are two rather painful - if generally unrepresentative - examples.

In terms of a remedy, I think that the Justice Department should move immediately to include local police representatives on the National Drug Policy Board. I do not believe that there is any statutory or procedural problem there, and I know that the Forum staff and membership would make a valuable contribution to the Board's deliberations.

5. What is the Federal Government doing for local law enforcement to assist in the response to AIDS?

There are several federal agencies conducting research and publishing information about the treatment, transmissibility and prevention of AIDS. The Center for Disease Control (CDC) issues a weekly Surveillance Report on AIDS cases. It also produces the Morbidity and Mortality Weekly Report which contains frequent updates on medical and epidemiological research on AIDS. In addition, both the CDC and the National Institutes of Health (NIH) have provided speakers for presentations to law enforcement groups on the subject of AIDS.

Here are some additional initiatives that are also worthy of note:

- The United States Public Health Service has published AIDS Information Bulletins and periodic updates on AIDS for general and professional audiences.

- The Federal Bureau of Prisons has developed two packages which include videotapes, a brochure, poster and a leader's guide for AIDS training. These are: "AIDS: Key Facts for Correctional Staff" and "AIDS: Key Facts for Inmates."

- The National Institute of Corrections has worked with CDC to produce a videotape called "AIDS: An Overview with Dr. Harold Jaffe." Dr. Jaffe is a leading AIDS researcher at CDC.

Finally, within the criminal justice arena, the National Institute of Justice (NIJ) has published a notable series of state-of-the-art materials on this vital subject:

AIDS in Correctional Facilities: Issues and Options, which sets out a range of responses to AIDS for correctional officials.

AIDS and the Law Enforcement Officer: Concerns and Policy Responses, which gives law enforcement professionals important information relating to the day-to-day realities of operations when faced with the AIDS issue.

AIDS and Criminal Justice Information Clearing House at NCJRS where local enforcement agencies can call to obtain current medical information and policy guidance related to AIDS.

Beyond what the federal government is now doing, the Forum also has some ideas about what could be done to assist local police in their response to AIDS, particularly with respect to the role of criminal justice agencies.

Overall, there remains a great deal of concern among operational level enforcement personnel about the dangers of exposure to the AIDS virus and the likelihood of contracting the disease. Accurate information about research into the spread, treatment and prevention of AIDS is the most powerful tool for reducing these concerns. Unfortunately, little or no research has been done which examines the threat to police officers, firefighters or other rescue personnel as they perform their day-to-day duties. While there has been some pertinent research examining exposures by health care workers, it is difficult for professionals to generalize from this information to operational situations that enforcement personnel encounter at the street level. The actual risk factor of exposure to AIDS is not being recognized. The problem should not be viewed in the narrow context of law enforcement contact with IV drug users. Many of those we arrest for other then drug abuse are also drug users. The risks are not limited to drug related arrests. The potential for exposure at the scene of spontaneous emergencies such as train wrecks, auto accidents and fires must be recognized. The medical professionals tell us to view all injured persons or persons with open leaking leisions as potential risks. Efforts need to be made to show how the experiences of health care workers may parallel those of the police and fire service.

There exists many problems with the medical communities insistance that the doctor-patient confidentiality not be breeched in favor of notifying police and fire personnel that they have been exposed to AIDS. In many cases hospitals will not test for the disease upon request and if they do test, they won't give us the results. It appears that this disease has civil rights. Health care professionals appear more concerned about hurting peoples feelings than stopping the spread of this disease.

Police officers have learned to live with the potential for serious injury or death on the job. Exposure to AIDS is a different kind of job hazard. The infected officers brings the dangers of the job right into his home and to his family. Our police deserve to know when they have been exposed to protect against further spread of the disease.

The federal government needs to help the local police offset some of the serious costs associated with protecting officers from AIDS. Local departments are experiencing increased costs in training and additional equipment. In Baltimore County we have spent over $70,000 to properly equip our officers with protective gear. The costs of increased medical and psychological care and the impact on retirement plans cannot yet be calculated. Support from the federal government for pre-employment testing of police applicants would help minimize the impact on medical and retirement plans.

Finally, research needs to be conducted which examines the exposures of police officers, firefighters and rescue personnel to the AIDS virus while on the job. This research should examine the circumstances surrounding the exposures and the effects on the personnel exposed.

Senator Biden. Thank you very much.

I had to step out to take a phone call. I am not sure who the next witness is.

Senator D'Amato. Mr. Aukerman.

STATEMENT OF ROBERT AUKERMAN

Mr. Aukerman. Thank you very much. In the interest of time, I will not read all of the prepared statement, but I would like to ask that the full testimony be entered into the hearing record, Mr. Chairman.

Senator Biden. Without objection, the entirety of your testimony will be put in the record.

Mr. Aukerman. I am here as director of the Colorado State Alcohol and Drug Abuse Division and as secretary and legislative chairman of the National Association of State Alcohol and Drug Abuse Directors, NASADAD.

Recently, NASADAD has been closely involved in the implementation of the treatment, prevention, and education programs authorized by the Anti-Drug Abuse Act of 1986, and our national association serves as a focal point for the exchange of information between the Federal and State agencies, and provides technical assistance on implementation and coordination of these important programs.

In fiscal year 1986, about $1.6 billion was expended for publicly funded drug and alcohol treatment and prevention services. States, as I am sure you are aware, provided over half of these resources, and the Federal Government provided something less than 20 percent.

In my prepared statement there are exhibits A and B which show a comparison of Federal appropriations for alcohol and drug treatment and prevention services from 1980 to 1987. This comparison shows significant reductions in Federal support from 1980 through 1986, and only in fiscal 1987 as a result of the passage of the Anti-Drug Abuse Act is there an increase in support.

There have been several questions that have been asked about the delays in actually getting funds drawn down by the States, and several of those delays have been mentioned. I think there have been some real delays. Some of them, have been in the form of States taking seriously the coordination requirements aspects of the act.

In Colorado, for instance, with a new Governor and new moneys, we have taken the coordination of efforts very seriously and have really developed new ways of doing business among treatment, prevention, education, law enforcement, and that is being coordinated by a new staff person in the Governor's office. So that did create some delays.

There was also the question earlier by the chairman about how the Federal money is viewed by the States. Last evening, I just answered questions from the Joint Budget Committee of the Colorado Legislature which were about how soon the Federal money will dry up, basically. The question I was asked was "are you committing us as an administrator to something by utilizing Federal funds for new programs that we will be asked to pick up later without the resources to do that?" So there are some of those aspects as well.

There is one other thing, I think, that is important that I have not heard today, and that is that the actual drawdown of funds, as I understand it, can occur no more than 3 days in advance of their actual expenditure.

So, speaking for my own State, we have been awarded all of the funds. We have awarded over 80 percent of the emergency treatment dollars to local programs at this point and will have awarded the other 20 percent by the end of this month.

However, the figures that show the drawdown at this point show that Colorado has drawn down only about $300,000 out of $2.5 million. We contract on a reimbursement basis. Therefore, until the expenditures are actually made for the service and the local program bills the State and the State, in turn, bills the Federal Government, it will not show as a drawdown.

So, often, you will see at least a fiscal quarter delay and maybe longer in some of those figures, the point of all that being that certainly the States are utilizing the funds I think the States are attempting to utilize these funds in a very responsible manner.

Yes, there have been delays this first year, but in the example of Colorado where we have established new bases of working together, I think we will see in subsequent years that getting the funds to the local level and proceeding with needed programming will occur at a much faster rate.

Very briefly, NASADAD, the National Association of State Alcohol and Drug Abuse Directors, has six recommendations overall as it relates to substance abuse programming. The first of those is establishment of greater access to drug and alcohol intervention and treatment services, and I think we have talked about that this morning. Certainly, the aspects of the law that deal with expanding outreach services and expanding access and referral to treatment are part and parcel of that.

We need a major, ongoing commitment to comprehensive drug and alcohol prevention and education programs in both schools and communities, with the goal of creating drug-free environments for our children.

We also need greater public awareness and education that successful treatment and prevention programs are available; fuller utilization and expansion of the well-established and effective State network for treatment and prevention programs. As I mentioned earlier, our national association is one of the focal points for States sharing information about what works and what does not work and how to implement those programs which are most effective.

We need an expansion of private and public third-party reimbursement for treatment services to encourage greater participation by the private sector. This certainly includes health insurance coverage. Federal employees' health insurance coverage has taken a major step backward in the last few years in this regard and many benefits are limited to hospitalization, which is generally the most costly and often not as effective as nonhospital-based treatment programs.

Last, we recommend the initiation of objective, ongoing longitudinal evaluation research which can demonstrate to Congress and taxpayers the effectiveness of publicly funded prevention, intervention, and treatment programs.

We feel strongly that although we can point to many dramatic successes, we must be able to state with assurance that prevention, intervention, and treatment do indeed work and are effective, if we are to broaden the base of understanding and support across our whole society.

Again, thank you for the opportunity to be here today.

Senator D'AMATO. Well, thank you, Mr. Aukerman, and thank you for also giving us an explanation as to what may have delayed some of the drawdowns on these funds and why some of the percentages—I would still point out to you that there are 20 States, including my own State and the District of Columbia, that as of July 1, 1987, have not drawn down one penny.

That was when the last award was made. Given the status in some of these areas, particularly as it relates to the treatment programs that are tremendously overtaxed, that is a very distressing situation.

I hear from the people out in the field. As I say, I am going to be meeting with Monsignor O'Brien this afternoon of Day Top Village, one of the great drug-free rehabilitation programs, and I know the message of concern that he is going to bring to me. My gosh, we need more resources.

So I then wonder what is taking place. Why is it that here are those agencies that are really doing a job and do an excellent job and we fight to make those funds available and they are just not flowing? That becomes a concern to me.

Mr. AUKERMAN. Senator, I am aware of States where awards have been made and it does not show up. I would hope that some of the problem, you know, may be an accounting one. If you will notice, some of the States with the largest amounts of Federal awards are those that have not drawn down anything, at least out of the Anti-Drug Abuse Act funds.

I am sure that in some instances there are services being provided and that later on that will be reconciled in the books and charged to the appropriate fund.

Senator D'AMATO. Well, I hope you are right.

[The prepared statement of Mr. Aukerman follows:]

TESTIMONY OF

ROBERT AUKERMAN
DIRECTOR
ALCOHOL AND DRUG ABUSE DIVISION
STATE OF COLORADO

and

SECRETARY AND LEGISLATIVE CHAIRMAN
NATIONAL ASSOCIATION OF STATE ALCOHOL AND
DRUG ABUSE DIRECTORS

Mr. Chairmen and Members of the Caucus:

Thank you for the invitation to appear before you today to address the status of Federal drug treatment programs one year after the Anti-Drug Abuse Act of 1986 was enacted.

My name is Robert Aukerman. I am Director of the Colorado State Alcohol and Drug Abuse Division and am appearing before you today as the Secretary and Legislative Chairman of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). NASADAD is a not-for-profit organization whose membership is exclusively comprised of the state officials designated by the Governors to administer the publicly-funded drug and alcohol treatment and prevention programs.

INTRODUCTION

Recently, NASADAD has been closely involved in the implementation of the treatment, prevention and education programs authorized by the Anti-Drug Abuse Act of 1986, Public Law 99-570. Our national association serves as a focal point for the exchange of information between the Federal and State agencies and provides technical assistance on the implementation and coordination of these important programs.

In fiscal year 1986, $1.6 billion was expended for publicly funded drug and alcohol treatment and prevention services. States provided over one-half of these resources; the Federal government less than 20 percent. Exhibits A and B included with my written statement provide a comparison of Federal appropriations for alcohol and drug treatment and prevention services from FY 1980 to FY 1987. This comparison demonstrates significant reductions in Federal support from FY 1980 to FY 1986. Only in FY 1987, as a result of the passage of the Anti-Drug Abuse Act, is an increase in support documented.

EXHIBIT A

Comparison of Federal Appropriations for
Alcohol and Drug Treatment Services
From FY 1980 to FY 1988

($ in 100,000 and not adjusted for inflation)

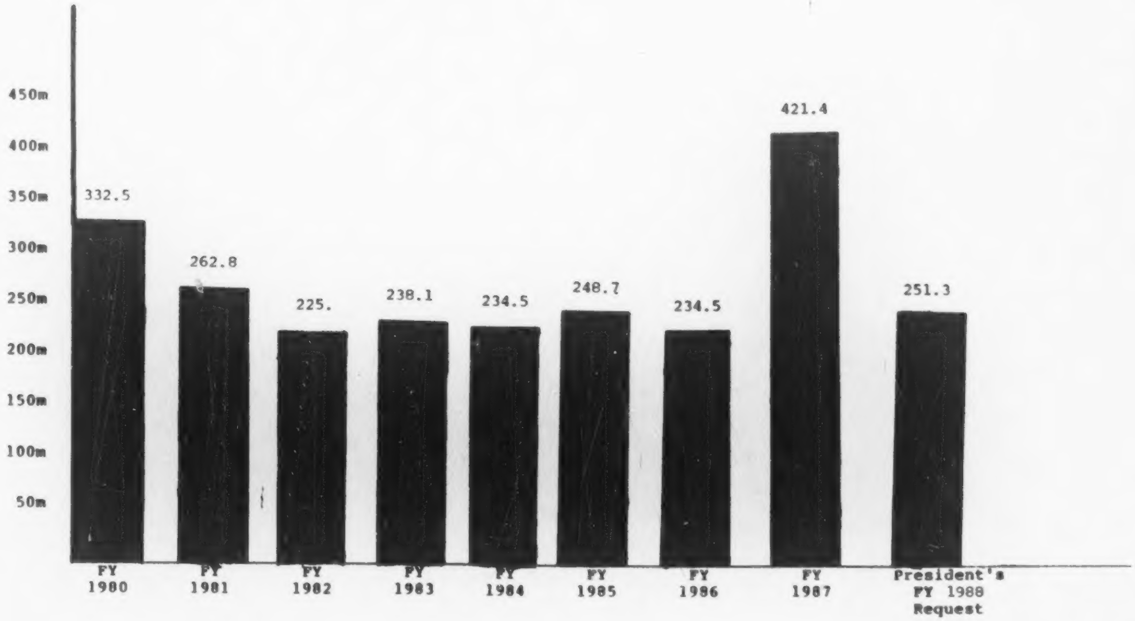
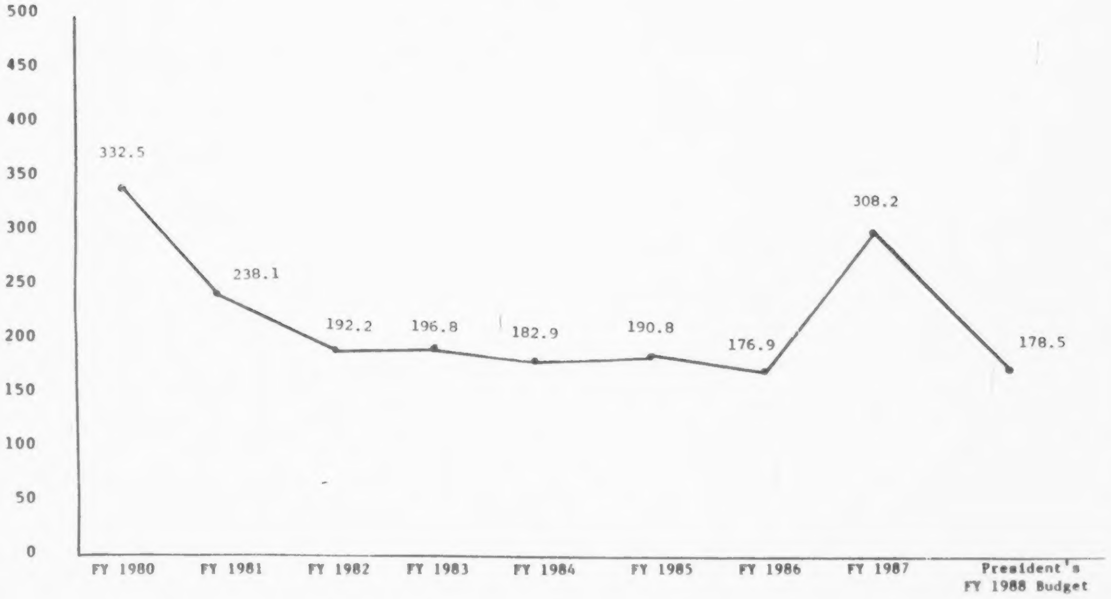


EXHIBIT B

Comparison of Federal Support
for Drug and Alcohol Treatment
Services in Selected Years
and Adjusted for Inflation*



* Based on official CPI estimate from Department of Labor through 1986; projected 3% CPI for FYs 1987 and 1988

Last year, when the Anti-Drug Abuse Act authorized a supplemental, emergency grant program for treatment services, the State and local providers were extremely pleased with the prospect of increased Federal support. However, as you know, the President did not request any additional funding for these programs for FY 1988 and at this time, Federal funding levels for alcohol and drug treatment and prevention programs are still unknown as Congress and the Administration continue to deliberate on FY 1988 appropriations.

SCOPE OF THE PROBLEM

The Chairmen and Members of the Caucus are already familiar with the range, complexity and seriousness of the problems which result from alcohol and drug abuse. These problems impact on every sector of our society, transcending socioeconomic levels, race, age and sex. Overall, yearly direct and indirect expenses of these illnesses total an estimated $176 billion based on such facts as costs related to reduced productivity, mortality, treatment, crime, motor vehicle crashes and property loss. The estimated costs per capita in 1983 were $499 per person for alcohol abuse and $255 per person for drug abuse. These staggering costs do not take into account the personal suffering and individual tragedies which arise from these problems.

Alcohol is involved in 100,000 deaths annually in the United States and is strongly associated with traumatic injuries, the leading cause of death and disability for persons under 44. About one-third of Americans have used an illegal drug. Approximately two-thirds of our nation's youth have tried an illegal drug before they graduate from high school. In a survey recently conducted by NASADAD it was determined that over the two year period from FY 1984 to FY 1986, the number of drug client admissions for cocaine addiction more than doubled.

Increasingly, demands for drug abuse services are being made by thousands of individuals who are intravenous drug users. These addicts are seeking treatment as a means of preventing their infection with the AIDS virus. These same individuals, however, are often informed that treatment slots are unavailable and that their name will be added to a waiting list of approximately three to six month duration. In FY 1986, the States' publicly-funded treatment programs admitted approximately 100,000 intravenous drug users. It is estimated that there are between 1 million and 1.3 million intravenous drug users in the United States. Obviously, this means that our treatment programs are only reaching about 10 percent of those so addicted.

Since about 95 percent of intravenous drug users share their needles and works, they are in imminent danger of contracting and spreading AIDS through both needles/syringes and their sexual behavior. It is imperative that treatment capacity be increased to accommodate larger numbers of intravenous drug users.

In NASADAD's fiscal year 1986 State Alcohol and Drug Abuse Profile (SADAP), which is conducted annually to collect data on the States' alcohol and drug abuse services, programs, resources and needs, each State Alcohol and Drug Agency was asked to indicate areas of major need for which resources were not adequate. While the scope of the information retrieved from the States is quite broad, many responded that additional resources must be obtained to support the development of additional treatment and prevention services to adolescents and women. In addition, States noted the following needs: to meet the service requirements of other special populations, such as minorities, dually-diagnosed clients, the elderly, and persons with AIDS; to address the lack of adequate detoxification services; and to increase funding of program staff positions and salaries.

Many States also indicated other needs, including long-term shelters for homeless alcohol and drug users; outreach services in rural towns and communities; and additional facilities and staff to service the backlog of clients awaiting treatment.

In my own State of Colorado, it is estimated that there are approximately 260,000 alcohol abusers and 225,000 drug abusers. In FY 1986, there were 52,556 alcohol client treatment admissions and 38,882, drug client treatment admissions in Colorado. As you can see, there continues to be a tremendous need for increased treatment capacity.

The situation in Colorado is certainly not unique. There is a continuing demand for services and lengthy waiting lists that are well documented and publicized in our largest States, California, New York, and Texas. However, this same inability to meet demand for treatment exists in most States. Illinois reports that waiting lists for existing adult treatment programs are 4-8 weeks and 6-8 weeks for adolescent treatment. In Michigan, approximately 1,000 clients are placed on waiting lists each month. Nebraska has estimated that there are about 18,000 persons needing treatment services each year with current unduplicated admissions about 13,000. And in Iowa, even with new money, there are waits of 4 weeks to obtain outpatient treatment services and up to 3 months for residential services.

IMPACT OF THE ANTI-DRUG ABUSE ACT

The passage of last year's Anti-Drug Abuse Act signified a renewed Congressional commitment to eradicating the growing devastating impact of alcohol and drug abuse on all Americans. The Act provided a comprehensive approach to demand and supply reduction. One of the major demand reduction initiatives was the authorization of a new emergency treatment grant program to States. The appropriation level for this program for fiscal year 1987 was $163 million. The goal of the emergency treatment initiative was to enhance the capacity of our States and local communities to meet the ever-increasing demand for treatment services. Another $41.6 million was appropriated to establish a new Office of Substance Abuse Prevention to oversee the distribution of Federal grants for prevention, treatment and rehabilitation model projects for high risk youth.

Before assessing the impact of these additional funds on the treatment system, it is important to discuss implementation problems which arose and influenced State planning processes. Soon after the Act's passage and appropriation of the funds, States received approval for a portion of the funds, i.e., those to be distributed on the basis of population. Along with this approval, the Department of Health and Human Services (HHS) informed the States that the emergency funds were appropriated for fiscal years 1987 and 1988 and that these funds should be used to cover program costs for a two-year period. There were also strong indications that the Office of Management and Budget (OMB) would direct HHS to allocate the FY 1987 appropriation to States over a two-year period instead of the intended one year period. Thus, shortly after the Anti-Drug Abuse Act's passage, Administration officials attempted to institute an immediate 50 percent reduction in the monies to be made available to States.

To this date, the nature of these funds is still not resolved. OMB has recently instructed HHS to not distribute any FY 1988 funds for this program and each State's total alcohol and drug abuse allotment for FY 1988 is being calculated using a $495 base (the original FY 1987 appropriation) minus an 8.5 percent Gramm-Rudman-Hollings cut.

The difference between the impact of a significant amount of new Federal monies for treatment services immediately transferred to the States and the allocation of those monies to the States in minimal amounts over 24 months is dramatic. These emergency monies were designed to significantly expand treatment capacity and outreach. It had been projected by the National Association of State Alcohol and Drug Abuse Directors that if the monies were available in the full amounts appropriated, services could be provided to an additional 220,000 individuals addicted to alcohol and other drugs. If these emergency monies are made available over a two-year period, only half of those individuals will receive services.

In addition to the uncertainty about the level of funding, other provisions of the Anti-Drug Abuse Act have served to impact treatment services. The Act required coordination of drug abuse efforts by treatment, prevention, education and law enforcement officials. Most States followed the directives of the Act and Governors became more involved in alcohol and drug abuse issues than in the past. Because of increased coordination, mechanisms have been developed to address both supply and demand problems and to enable continued, coordinated programs.

In a survey recently conducted by the National Association of State Alcohol and Drug Abuse Directors to determine how the emergency treatment money will be used in the States, the responses indicate that most States intend to use the money to establish or expand adolescent treatment services, particularly residential care. Expansion of services to women was also listed as a priority by a majority of States. In Colorado, in addition to supplementing existing treatment services, we intend to fund two pilot projects -- one to provide treatment services to dually-diagnosed individuals and the other treatment to adolescents and their families. Funds have also been earmarked to continue services in rural areas in significant danger of closing.

Other States have indicated particular targets for funding including Delaware which plans to develop and expand services to special populations, i.e., the elderly, Hispanic youth and Black youths and adults. Arizona plans to expand outpatient drug programs and to expand services to chronic mentally ill with substance abuse problems. Florida has targeted the majority of new funds for services to persons with cocaine/crack abuse problems. Alaska plans to expand youth outpatient rehabilitation services and to increase slots in methadone programs. Both California and New York intend to expand residential treatment capacity and to extend services to those at high risk of AIDS.

The provision of new significant amounts of funding for alcohol and drug abuse treatment, rehabilitation and prevention programs signifies the beginning of a renewed Federal support. The use of these funds by the States will enable services to be provided to many additional persons. However, the uncertainty as to the continuation of these funds has influenced decisionmaking. States have been reluctant to expand services quickly without assurances that they will continue.

RECOMMENDATIONS OF THE NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS

The National Association of State Alcohol and Drug Abuse Directors is pleased with the recent acknowledgment by the Congress, the Administration, and national law enforcement organizations that we need to intensify our efforts in the area of demand reduction. If we are to have a substantial impact on the drug abuse problem, we must focus on the education of our citizens, the prevention of drug abuse and the treatment of those who are already being harmed by their use of these substances.

NASADAD supports a substantial expansion of demand reduction programs with adequate financial resources and advocates that they include the following components:

1. Establishment of greater access to drug and alcohol intervention and treatment services.

Improving and expanding access and referral to treatment for those who generate most of the demand for drugs and alcohol would result in a dramatic reduction in total demand. Those individuals who successfully complete treatment would then be able to lead productive, healthy lives and would, in turn, dramatically reduce the economic and social costs of drug and alcohol abuse to our society. In most States, the demand for treatment services is not being met by local programs due to a lack of financial resources.

The need for drug dependency treatment is particularly acute because of the AIDS crisis. If treatment capacity for intravenous drug users is increased, these persons will be less likely to contract and spread AIDS. Also, the capacity to treat AIDS clients needs to be expanded both within and outside of treatment programs.

2. A major ongoing commitment to comprehensive drug and alcohol prevention and education programs in both schools and communities with the goal of creating drug free environments for our children.

The Congress and the Administration, through the Anti-Drug Abuse Act, established the Office of Substance Abuse Prevention, as well as providing $200 million for Drug-Free Schools. It is imperative that the commitment to these programs be renewed and expanded. A variety of prevention and education activities have merit and are effective in reducing the demand for drugs and alcohol by adolescents and youth. These successful approaches include activities which build on peer relationships, the identification of constructive alternatives to disruptive lifestyles and the training of those who interact with potential drug users.

3. Greater public awareness and education that successful treatment and prevention approaches are available.

The National Association of State Alcohol and Drug Abuse Directors also advocates for greater public awareness and understanding of the nature of drug addiction and dependency in order to overcome such inaccurate and outmoded concepts as denial of the problem or the belief that people choose to become dependent on drugs. Also, people must be helped to understand that potentially successful treatment and prevention approaches are available to be replicated.

4. **Fuller utilization and expansion of the well-established and effective State network for treatment and prevention programs.**

Perhaps what is most exciting about the development of a renewed Federal commitment to demand reduction strategies is the immediate availability of a well established network of treatment and prevention programs at the State and local level. The extensive nature of these State systems is evidenced by the fact that last year, approximately $1.6 billion was expended on programs administered by the States, the District of Columbia, and the U.S. Territories alcohol and drug services. These monies were used by a total of 6,226 alcohol and/or drug treatment units to serve over 1.6 million clients. These systems can readily serve as the backbone of a revitalized Federal role in demand reduction strategies.

5. **Expansion of private and public third-party reimbursement for treatment services to encourage greater participation by the private sector.**

In addition to increasing Federal resources for drug and alcohol abuse treatment, new public and private third-party reimbursement policies should be adopted. While most other traditional and non-stigmatized types of health care services are typically eligible for reimbursement by private and public health insurance programs, it is the exception rather than the rule for alcohol and drug abuse services to be covered by many of these third-party programs. Private third-party payors are beginning to recognize the wisdom of providing appropriate alcohol and drug abuse benefits to be included in the health insurance provided for their employees.

Unfortunately, too many of these available benefits are limited to hospitalization which generates excessive costs and often denies the most effective treatment. The Federal government's public health insurance programs are among the worst offenders in terms of excessive spending for hospitalization and are lagging far behind the private sector in providing more cost effective benefits for alcohol and drug abuse treatment. In addition, the Federal government in 1982 dropped its previous mandatory requirement for meaningful alcohol and drug abuse treatment benefits to be included in health insurance plans offered to Federal employees.

6. **Initiation of objective, ongoing longitudinal evaluation research which can demonstrate to Congress and taxpayers the effectiveness of the publicly-funded treatment programs.**

The National Association of State Alcohol and Drug Abuse Directors recommends that the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) be encouraged, with additional resources provided, to conduct long-term studies on the effectiveness of the various modalities of treatment.

Thank you again for the opportunity to appear before you today.

Senator D'AMATO. Our next witness will be Sterling Johnson, a leader in the area of fighting drugs. He is our special prosecutor from New York City who, although undermanned at times, has never allowed the situation to overwhelm him personally.

He has done a great job, and on behalf of the people of New York who oftentimes find themselves under a state of siege or feel besieged, Sterling, I would hate to think of what the situation would be without your personal, untiring, unwavering commitment. You have done a great job and I am proud to call you a friend.

Let me just make this observation. In the law enforcement area, as I have indicated—and here is the area that Senator DeConcini has worked so hard, so tirelessly—they have cut; from $200 million for State and local drug enforcement assistance, OMB wanted to go to nothing. They zeroed it out in the budget, and we have put back $75 million, at least to keep that law enforcement assistance program alive.

I am wondering if you would comment on what those moneys will mean to you and if you are aware of any restrictions as it relates to the moneys being available. Again, have you received any of those funds yet from the State as it relates to the $11,500,000 that is available to them, but only $500,000 of which has been given out? I wonder if you will focus in on that in your testimony.

STATEMENT OF STERLING JOHNSON

Mr. JOHNSON. First of all, Senator, I would like to thank you for your generous introduction, and I would also like to comment that whatever successes that I have had, it would not have been available without your kind help and your assistance.

I do not mean to embarrass you, but I would like people to know of an incident that did occur. I think Neil Behan mentioned about the forfeiture statute, and the forfeiture statute took place before the 1986 drug bill. It is an asset and a boon to local and State law enforcement officials.

In every case that I participate in with the Federal authorities, I put in for forfeiture, an equitable share in the forfeiture, and what usually happens is that the applications or the paperwork come down to Washington and they languish in a black hole.

I saw Senator D'Amato and I said, Senator, I have got several applications in and available and all ready to dispense the money, but they are in a black hole in Washington.

The Senator said I am going to introduce you to Arnie. I did not know who Arnie was, but Arnie is Arnie Burns, the number two guy over at the Department of Justice. Arnie said give me a call. I made a telephone call to Arnie. He pushed a couple of buttons and within three or four weeks thereafter, there was a ceremony and I received a forfeiture check for $1.9 million. It is that type of help that the citizens of New York State and New York City should be made aware of and, like I said, I thank you very, very much and hope I do not have to call you again to say I will call Arnie.

Senator D'AMATO. What did you then do with that $1.9 million? How was that utilized? I think when we talk about the forfeiture program, it is important that—and maybe later on, Mr. Behan, you would see fit to comment on that, and Mr. Scully. What are we talking about?

We seize those criminal assets mostly from drug dealers, the sale of their boats and homes and bank accounts.

Mr. JOHNSON. These were boat drug dealers.

Senator D'AMATO. Yes.

Mr. JOHNSON. Well, I have not spent the money, but I am going to use it for buyer money, witness protection, equipment. I can find ways to spend it, and spend it innovatively.

Senator D'AMATO. That money, though, will be used in the battle against the——

Mr. JOHNSON. Directly in the battle against drugs.

Now, with respect to moneys coming down from the State, I was surprised to listen to testimony and to find out that New York State has not drawn down any moneys. Now, I had heard that there was something like $2 million available for New York State, somewhere between the State and the city, for drug prosecution and drug enforcement. But I have been informed that I am not going to get any of these particular moneys.

Senator D'AMATO. I guess you have no problem.

Mr. JOHNSON. I can tell you one thing. There are people who think that I should be cut; I should not have the staff that I have, the moneys that I have.

Senator D'AMATO. Who would that be?

Mr. JOHNSON. I will speak to you later.

Senator D'AMATO. I mean, the Colombian drug dealers, I understand, in Jackson Heights, would feel that way, and I could see some others. But I mean are they suggesting that the streets of New York do not have a crack epidemic and cocaine is not rampant and reaching into every area of the State, both upstate and in the suburban areas? Are they really serious?

Mr. JOHNSON. I think they are. I think it is a political maneuver, but I will speak to you about it later.

We do have a very, very serious problem in New York, and I have always said that at least 50 percent of all the drugs entering this country come in through the ports of New York. A month ago—for those who do not know, I have a staff of about 80 to 100 prosecutors and I have a budget to purchase drugs and to make cases.

We buy narcotics, and a month ago I was purchasing cocaine for about $20,000—$17,000, $18,000, $19,000, $20,000—per kilo. As of last night, that figure had dropped to $14,500 per kilo, and if I went to Florida I could probably get it for about $7,000 or $8,000 per kilo. There are plenty of drugs available on the streets of New York.

I will give you an example of two particular cases that are significant that really created no press and no big deal. We pose as illegal entrepreneurs and we can get drugs into this country through corrupt customs officials.

We got this defendant to ship in 18,000 pounds of marijuana, and he was supposed to pay us this service fee for doing it. He had trouble getting up the money, so we told him we dumped the marijuana into the sea. We did not; we kept it in a warehouse that I paid for out of some of the forfeiture money.

We remained on good terms with this drug dealer and he suggested that he could get some cocaine in. To make a long story short, he was useful in bringing in a half a ton of cocaine into the ports of New York. We seized that cocaine and subsequently arrested this defendant; no headlines, very little newspaper coverage, and no increase in the price of cocaine on the streets.

One of the things that we have been doing in New York is working very, very closely with law enforcement, Federal and State, and I can say that things have never been better as far as the cooperation is concerned. I think they are working not because of any legislation that has been passed in Washington, but in spite of this particular legislation.

The other thing that we have been doing that might be of interest to you, Senator D'Amato, is we find that a lot of the people that we are arresting for drugs are illegal aliens, and we put them in jail and they are a drain on our resources.

So I have had a series of meetings with immigration authorities and we try to institute a program where the low-level, small, first-time drug dealer would be arrested. He would be allowed to plead guilty to a felony. The judge could give him probation or sentence him to a term of 5 to 15 years, with the stipulation that he agrees to leave the country on his own behalf.

He buys the ticket, he gets the documents, he does everything, and he gets out of the country. If he comes back into the country, then he will be arrested and that sentence of 5 to 15 years will be executed. We are working on something like that right now.

We find that there are about 20,000 illegal aliens who are arrested each and every year, and we know this because when they are arrested we ask them for their pedigree for the purposes of bail and they usually tell us the truth. I was born in the Dominican Republic, I was born in Trinidad, Jamaica. But they tell us, in essence, that they are illegal aliens. There are 20,000 of these individuals.

One of the things that immigration had asked us, or asked Bob Morgenthal, will you give us a list or a printout of those defendants that have been convicted and sentenced for drug offenses.

We did that starting December 1986, and from December 1986 there have been 3,149 people who have been convicted in New York County; 38 percent, or 1,131, have been convicted for drugs. To date, no one has been deported.

I asked why and I got the excuses, and I understand that they have submitted proposed law asking Congress to have a person who has been convicted of a drug felony to have the judge say that as soon as you finish your sentence or in lieu of your sentence, you will be automatically deported and you will not have to go through this long procedural hearing, which is the problem, as they state.

There is a sense of frustration and despair——

Senator D'Amato. Notwithstanding, I might mention, their weak excuse, and it is a weak excuse, there is a law that provides that after a hearing where a person has committed a felony, he can be deported.

I have been promised by the immigration people that they would begin to implement a procedure whereby those criminals who were convicted, who were illegal aliens to start with, or aliens who then commit crimes, particularly the sale of drugs or drug-dealing or vicious crimes, after they have completed their sentence would not be permitted to go back out on the streets, but would be deported.

Of course, that program has not been implemented anywhere near the extent that it should be. It should be a priority.

Mr. JOHNSON. We have people who have been arrested four and five times who are illegal aliens. We have people who are on probation who are illegal aliens, and they are a great drain upon our limited resources.

Senator D'AMATO. Let me ask you this question, Sterling. Are there any Immigration and Naturalization investigations of major drug traffickers in New York that you are aware of?

Mr. JOHNSON. Is there an——

Senator D'AMATO. Are there any INS investigations as it relates to drug dealing and drug trafficking?

Mr. JOHNSON. No, not that I know of.

Senator D'AMATO. Does INS work with your drug task force, and have they assigned any criminal investigators to work with you?

Mr. JOHNSON. There was one investigator that was assigned to my office for about 3 days. I think she retired, and there has been no one available since.

Senator D'AMATO. Are the illegal aliens a major force as it relates to the sale and distribution of drugs in our area, and do you find that to be the case in other areas?

Mr. JOHNSON. Absolutely, and in some areas, as far as the crack is concerned, I would venture to say that 90 percent of those people involved are illegal aliens.

Senator D'AMATO. Does it make sense to you that the INS has not made this a top priority in New York? Florida might be somewhere close to us as it relates to drug trafficking and the involvement of illegal aliens in this. I doubt it. They may have a higher percentage, but certainly not in numbers.

Does it make sense that the Immigration and Naturalization Service does not have its criminal investigators involved and working very closely with the task force and other groups as it relates to the problem of drugs and drug distribution?

Mr. JOHNSON. It makes no sense to me, and if we could get some of the illegal aliens off the street and out of the country, we would save on resources, jail space, so many things that we could do, but it just has not happened.

Senator D'AMATO. Thank you. I think you had a point that you wanted to make and I interrupted, you know, if you have anything further.

Mr. JOHNSON. Well, I would just like to say that we stand willing and ready to work with all jurisdictions not only in New York City, but throughout the rest of the country and throughout the rest of the world.

The 1986 drug abuse statute—there are some very, very good provisions in the statute, but many of them are not really being implemented. We on the local level really do feel frustrated, frustrated that the moneys have been cut, and even those moneys that are available, we are still not getting them. Hopefully, these hearings will do something about that.

Senator D'AMATO. Mr. Scully.

Mr. SCULLY. Thank you, Senator; last but not least, I hope.

Senator D'AMATO. Correct.

STATEMENT OF ROBERT SCULLY

Mr. SCULLY. I would like this statement, along with the attachment, entered into the record in its entirety. I will try to make this as brief as possible.

As you know, I am the president of the National Association of Police Organizations, representing over 70,000 police officers throughout this country. We are an organization of organizations representing rank-and-file police officers throughout the United States.

About a little over a year ago, we convened a conference here in Washington and one thing we thought was lacking—there are always conferences of administrators. What we did at that time was we brought in street narcotics officers, with a prerequisite of at least 2 years of street narcotics experience, into Washington, D.C., here and had a 2-day discussion to find out from their perspective what was really needed. I am not going to go into that detailed report. There were eight recommendations that are included in this report.

The next area I would like to touch on is what has happened in Detroit, because I am also a Detroit police officer. As a result of the act, $6 million came into the State of Michigan; 300,000 of those dollars were allocated to the city of Detroit, and with that $300,000 the city of Detroit chose to update its crime laboratory, which has not been updated since 1928. It was just totally outdated.

To give you an example of the problem we have, we are 900 cases behind at the present time in analyzing drugs that were seized through drug raids. So, hopefully, that will be taken care of.

As I say, we have been allocated $300,000. We have not received $300,000. The State of Michigan tells us that the check is in the mail, so we are still waiting. We have also been awarded a discretionary grant of $300,000, and that $300,000, to my understanding, is going to be used to expand on a current dope hotline, a telephone number for the citizens of Detroit to call to let us know where the dope pads are.

Well, that is all well and good, but being a resident of the city of Detroit for 42 years, I do not have too tough of a time telling you where the dope pads in the city of Detroit are. You can walk down any street. When you start having to go around people as they are lined up to get to the door, you have got a pretty good indication that that is more than a household residence.

I think the major problems that we have to deal with here—there is one major problem; it is called funding. These hearings are all well and good, but without the proper funding mechanism to implement the recommendations that have come out from these different conferences and caucuses that we have had, they are all going to be rendered useless.

I think the three areas, at least from the police officers, the narcotics street officers that attended our conferences—the three areas of importance were education—I would just like to congratulate the Phoenix program, the excellent program and excellent success they had there.

It was the feeling of the narcotics officers that we brought in that the seventh and eighth grade is far too late, far too late. If you are going to start doing something, make it a mandatory part of the curriculum of the elementary school system and start it out in the first and second grades; get them when they are young before they are brainwashed.

The other thing that is extremely needed—we can make all the narcotics raids and all the narcotics arrests in the world, but we just do not have a place to put them. The county jail in the county of Wayne right now is over capacity by 300.

We started a crack blitz on Monday. The normal crack raids in the city of Detroit are six per day. They are updated to 12 per day now. We just put 100 new men into our narcotics section, men and women. They are going to do 12 narcotics raids a day.

It is estimated by the known crack houses in the city of Detroit that it is going to take 1 year, 7 days a week, operating every day, 24 hours a day, to hit every crack house in the city of Detroit, and then they will have a brand new list when that year is over. So it is just an endless job. Funding is needed to lock them up and put them where they rightly belong.

Then the other thing is rehabilitation, which I think was touched on here amply today. There is definitely a lack of that, also.

Thank you very much for the opportunity to be here. I would be glad to answer any questions, Senator.

[Prepared statement follows:]

STATEMENT OF ROBERT SCULLY,
PRESIDENT, NATIONAL ASSOCIATION OF POLICE ORGANIZATIONS
BEFORE THE UNITED STATES SENATE CAUCUS
ON INTERNATIONAL NARCOTICS CONTROL

Mr. Chairman and distinguished members of the Caucus, my name is Robert Scully. I am President of the National Association of Police Organizations --- NAPO. NAPO is an organization of approximately 70,000 law enforcement officers throughout the United States. Our members provide police protection on the streets of the towns and cities of this country for 24 hours every day of the year. Perhaps better than any other group in this nation, law enforcement officers are in a position to speak first hand about the drug problem that continues to touch the lives of all Americans directly or indirectly.

You invited me to speak before you today to discuss the impact of the Anti-Drug Abuse Act of 1986 on the law enforcement community. Before I do so I would like to relate to you the findings of a report NAPO prepared recently on the war on drugs which will put my comments on the Act in perspective.

The report, a copy of which is attached to my prepared statement, grew out of a conference of law enforcement officers convened by NAPO in Washington, D.C. late last year at about the same time the Act was passed. In attendance were veteran narcotics officers and presidents of police associations from Los Angeles; San Diego; Portland, Oregon; Houston; Detroit; Nassau and Suffolk Counties, New York; and New Bedford, Massachusetts. After lengthy discussions among the group, the following recommendations were agreed upon that addressed many of the same concerns that the Act sought to remedy:

1. At all levels of government, a crash program should begin immediately of building new prisons, and converting other facilities to provide more prison beds.

profits. The law's appropriation provisions are unfortunately, by comparison, merely a drop in the bucket. They unrealistically proceed on the assumption that something is better than nothing.

Let me give you some examples from my hometown, Detroit, Michigan. In the surrounding 3 county area of Wayne, Macomb and Oakland, approximately $1.5 billion dollars each year changes hands in the sale of narcotics. As part of the block grants given to states under the Act, Michigan received approximately $6 million, of which $300,000 was allocated to Detroit. The money designated for Detroit was for the purpose of renovating its crime control laboratory. The money has not yet been received, but has been approved. With it, the city will renovate a laboratory that was originally built in 1928. The importance of an efficient and modern crime lab cannot be underestimated. With the increase in the narcotics division enforcement has come an increase in drug arrests. Because the crime lab is out-dated and inefficient, analyses of drugs must be either sent out to other labs or become

2. Federal regional incarceration centers should be established. These centers should be equipped with broad scale drug rehabilitation programs.

3. All probationers who have a drug habit must accept rehabilitation treatment as a condition of probation and may not be released from probation unless they are certified as having kicked their habit, are "clean" and have remained "clean" for at least 3 or 4 years.

4. All prisoners who are habitual drug users must be "clean" before they are released from prison.

5. The only ultimate cure for our drug problem is intensive education at the elementary school level, preferably in the 1st or 2nd grade. Educational efforts in junior high schools and high schools is simply too late.

6. Federal authorities should increase the percentage of forfeiture funds which are allocated to local police depart-

ments. As a condition of the allocation of forfeitures, Federal authorities should insist that the funds be used by local governments for narcotics enforcement without corresponding reductions in the narcotics division's budget from general revenues.

7. Assigning law enforcement responsibility to the military would be in error. The military could improve the interdiction efforts of local law enforcement departments by sharing equipment and high technology with local departments.

8. The law must continue to ban the carrying of concealed weapons and the ownership of machine guns. There is no legitimate reason for the general public to own machine guns which pose a clear and present danger to the lives of law enforcement officers and the law abiding community.

Because of the breadth of the drug abuse problem, the primary concern of NAPO when the Anti-Drug Abuse Act was passed last year is the same that it is today -- funding. The drug industry in this country generates billions of dollars a year in part of a heavy backlog --- now up to 900 cases. Because individuals who are arrested cannot be detained until a drug analysis is complete, these individuals are released into the streets with there being only a dim hope of ever having them for a hearing. Thus, no matter how effective enforcement, without the ability that an up-to-date, state-of-the-art crime lab provides for immediate analysis of seized drugs, offenders essentially go unpunished. Detroit is grateful that it has received the monies allocated to it as a result of the Anti-Drug Abuse Act of 1986, but we have to question whether the amount of money is sufficient to deal with the $1.5 billion drug industry in the Detroit area.

Detroit has also been awarded a discretionary grant of $300,000 under the provisions of the Act to be used for a narcotics control telephone hotline. By calling a centralized phone number, citizens report drug-related crimes, 75% of which involve crack or cocaine. The so-called 224-DOPE line is modeled after a community enforcement program started by the Drug Enforcement Agency in July, 1986. It enables centralized tracking of dope offenses, rather than the precinct-by-precinct approach that existed before. I personally feel, based on my observation and experience, that the DOPE line is ineffective. Without the resources to do the undercover follow-up that is required to respond to calls, the call-in line is useless. I believe that the DOPE line may give the appearance of combating the drug problem, but, in fact, it is only a superficial remedy.

The drug problem in Detroit and cities like it is larger than merely an updated crime lab or a community enforcement program can cope with. In fact, money spent in these areas is often rendered useless by a critical problem that has not been adequately addressed by the Act -- that is, the housing of drug offenders. For without adequate prison space, the enforcement and prosecution of these individuals is a useless act.

While the Act does appropriate some monies for prison construction, it is simply not enough. District Attorneys are requiring that arrests involve larger and larger quantities of drugs before they will pursue felony convictions because the system is overcrowded. While the Act provides for mandatory sentences for certain offenses similar to laws in effect in several states, prosecutors have discretion not to seek indictments of the offenders if they cooperate in naming other drug dealers. Too often the prosecutors opt for getting more names rather than mandatory sentences because there is no room in the prisons. As the NAPO report described it, "Someone goes in the front door and someone comes out the back door." Thus, every day hundreds of individuals are turned away from prison not because they should not be there, but because there is no room for them.

It is for this reason that I must reluctantly conclude that the Act, while well-intended, is doomed by the inadequacy of funding. As Senator DeConcini stated before the Senate in urging the passage of the Act last year:

This bill is an outstanding beginning to establishing a framework; a blueprint for mobilizing a true war on drugs on multiple fronts, but we can and should do a great deal more.

As a representative of the law enforcement community, I am constrained to tell you that much more must be done. The results of the Act cannot yet be measured, but rest assured, without the money to do more, the drug industry and traffickers in this country will continue to thrive and our businesses, our homes, our families, and our children will continue to suffer.

REPORT OF THE NATIONAL ASSOCIATION OF POLICE ORGANIZATIONS ON "THE WAR ON DRUGS: WHAT IS REALLY NEEDED"

I. INTRODUCTION

On October 16, 1986, the National Association of Police Organizations (NAPO) convened a conference in Washington, D.C. of law enforcement officers from across the nation. The police officers in attendance were veteran narcotics officers and presidents of police associations from Los Angeles, San Diego, Portland, Houston, Detroit, Nassau County, New York and New Bedford, Massachusetts. The narcotics officers were street-wise cops who had a reasoned perspective on the drug trade and many years of experience in dealing with drug dealers ... as well as with government bureacracy.

The objective of the conference was to reach a consensus on what was really needed by law enforcement in the field to wage a war on drugs. At the precise time that these seasoned police officers were convening to discuss that effort from the point of view of law enforcement, the Congress was putting the finishing touches on its comprehensive drug bill, H.R. 5484. The President already had announced his intended approach to the problem. The media, particularly the television networks, had bombarded the airwaves with dramatizations and documentaries about drugs. Editorial writers in every newspaper in America gave their opinions.

Now it was the cops' turn.

II. DISCUSSION

1. There are adequate laws on the books relating to possession of narcotics and to dealers of narcotics. However, implementation of the laws is inadequate unless it results in the removal of drug dealers from the general society and the creation of a deterrent that dissuades others from selling and from buying drugs.

2. Sentences for those convicted of dealing in drugs are too short. In Phoenix, cops are making cases but dealers are released from prison in 18 months even if they have previous convictions. One officer there arrested a dealer three times in the same month. The arrest-court-prison system is really a revolving door. District Attorneys are requiring arrests involving larger and larger quantities of drugs before they will pursue felony convictions because the system is overcrowded. Aliens, for example, who are arrested in drug busts simply are run back over the border rather than prosecuted because the system is overloaded. First, there is pressure on the judicial system from the sheriffs and correction officials because there is no room in the jails or the prisons. Second, there is pressure on the police from the prosecutors because there are so many defendants that they can't handle the volume of the workload. Third, there is pressure on the entire system from the judges themselves because they know that the court system cannot handle the volume and that the prisons have no room for new prisoners. Often Federal prosecutors are not interested in prosecuting drug offenders unless there is a "name" defendant or an extremely large quantity of drugs.

3. Despite the rhetoric from politicians and the media attention suddenly on the drug "problem," in reality drug offenses are not treated with any priority by the criminal

justice system. In California, the saying in the system is "prison by the pound," but while the laws are more than adequate, judges do not sentence defendants to long prison terms because of overcrowding in the prison system. In Texas, intake attorneys in the prosecutors' office are not experienced and no priority is given to drug crimes. Middle-level repeat offenders get arrested every other month and receive only three months of jail time. In New York, prosecutors want evidence of three (3) sales before they will indict drug sellers. While there are mandatory sentencing laws in New York, Oregon, and Massachusetts, the prosecutors have discretion not to seek indictments of the offenders if they cooperate in naming other drug dealers. This process leads to what one officer calls the "Monte Hall law" -- dealers name other dealers who, in turn, name others but few are sentenced for long terms of incarceration. The prosecutors opt for getting more names rather than mandatory sentences because there is no room in prison.

As one veteran officer put it: "Someone goes in the front door and someone comes out the back door; the first and foremost problem is lack of prison space." In some communities, there is a court order not to put too many new prisoners in jail because it is already full. More often than not, drug pushers who are arrested are on probation. The result is a revolving door with all participants in the criminal justice system doing their job, but few offenders go to jail. The irony is that correction officers are threatened with going to jail because of violating court orders limiting overcrowding, but dopers essentially are free to ply their trade on the streets.

4. Crack is now the drug of choice. In Los Angeles, crack is called "rock." Columbia is supplying all the drugs that are necessary to meet the demand. Crack can be purchased for as little as $10, $20, or $50. The drug pushing syndicates can afford the quantity of drugs which law enforcement agencies now confiscate. Unfortunately, the drug business is a big reward, low risk business. Law enforcement probably is now confiscating

only 10% of the dope which is available, which means that 90% of it is getting through to the consumers. Society does not regard addicts as criminals, only "pushers" are treated negatively on television shows and news programs. The media speaks for the public in repeatedly forgiving athletes who are addicts who make a half- hearted try at rehabilitation. The big change in narcotics enforcement occurred when the drug of choice shifted from heroin to cocaine. Cocaine opened up the merchandising of drugs to a different level of society -- professional people as well as blue-collar workers -- and crack is the best merchandising product for that diversity of users because of its low price and availability.

5. A multifaceted, highly concentrated approach to the drug issue is needed. There must be no dilution of that effort because failure in one area affects all other parts of the system. Police departments are crunching numbers to impress the public and other law enforcement agencies with the number of arrests they are making, and the quantity of drugs being confiscated. Police departments are having more success than ever in seizing drugs and making arrests but the bottom line is that the criminal justice system is overloaded and, as a result, neither the supply nor the demand is being seriously affected.

6. Relationships between local police departments and the Drug Enforcement Agency (DEA) vary from locality to locality, but for the most part they are improving significantly. Unfortunately, local departments do not have as high a regard for the FBI. In many communities, local narcotics agents must plead with Federal agents to get funds to buy drugs because local police departments have little cash available to make drugs "buys". The percentage of the funds which the Federal authorities return to the local departments from the seizures of the assets of dopers varies greatly. In Los Angeles, the local department receives 75% of seizure money; in Oregon, the local department gets 100% of seizure funds in joint cases, while in New York it often receives only 25%. The biggest problem with the division of for-

feiture money is that the local percentage goes into the local city or county government treasury rather than be earmarked for bigger anti-drug operations. Thus, drug seizures spell "windfall" for local city councils and boards of supervisors who are always interested in holding down taxes. The money which the Federal authorities seize goes into the United States Treasury and does not augment the war against drugs in any way. At least at the local government level, police chiefs have a greater opportunity to persuade city and county managers to step up undercover drug operations if the department can point to great success in seizing assets of dopers.

7. Interdiction of drugs from foreign countries into the United States can be increased by cooperative efforts between the military, Federal agencies, and local law enforcement departments. But, narcotics officers agree that expanded military operations in what is a law enforcement function may jeopardize a free, democratic society. While border control is a proper function of Federal law enforcement agencies in association with the military, apprehension of drug pushers is a local government function. Local narcotics officers have good relations with Customs agents and the Coast Guard, but assigning a law enforcement function to the military would establish a dangerous precedent.

8. No real progress will be made in the war on drugs unless there is a genuine effort to alter demand for illicit drugs. Social acceptance of drug use must be altered. Education programs for young children must be improved, and accelerated. Narcotics agents, rather than uniformed police officers, should be used in the schools in an intensified education effort as specially trained resource personnel to communicate effectively with children. NARCs have the credibility to talk to children. In Los Angeles, a program entitled Drug Abuse Resistance Education (DARE) utilizes law enforcement officers to teach children in the 5th and 6th grades to say "no" to dope sellers. In Nassau County, New York, a similar program has begun. San Diego has an intervention program for kids involved in any crime including

drugs. The program involved seminars, community work, meetings with parents and essays written by the kids. The program has been successful in reducing recidivism among juveniles from 70% to 30%. The program has a rule that parents and kids must be involved together every step of the way or the child is out of the program. In New Bedford, Massachusetts, police officers meet with parent groups as well as with kids. The consensus among the Conference participants is that sound education programs for young kids can reverse the trend with respect to drug use, but the program must concentrate on children in elementary school.

9. With respect to weapons, in state after state dopers are better armed than most police officers. In Nassau County, 76% of those arrested for drug offenses had firearms, including illegally sawed-off shotguns, assault rifles, and 15 illegal machine guns. In Los Angeles, 1,600 weapons were seized from January to August, 1986 which is an increase of 46% compared to the same period in 1985. The plain truth appears to be that coke and guns just go together. That spells danger for the police and the community at large.

10. In general, present laws with respect to drugs are sufficient, but all participants agree that good laws do not accomplish the desired results unless punishment for violation of those laws is certain. The message to the nation's youth must be changed from "great profit and no time" to a new one: "Get 5 years, do 5 years".

11. Participants were divided among those who favor a "good faith" exception to the exclusionary rule and those who believe that the automatic nature of the exclusionary rule makes it easier for cops to follow the rules day-in and day-out.

12. Proposed solutions to the drug problem must pass a "Crest Test." Police departments must approach the problem with a long term view; there must be a decade of commitment to drug eradication. From 1970 to the present time, police departments hid narcotics divisions as least favored assignments. Manpower in narcotics divisions was constantly reduced. One department

virtually destroyed its narcotics division by reducing it from 90 officers in 1970 to 18 in 1985. By virtue of the explosion of crack, that department has added 20 more officers. Dedicated narcotics officers are hoping that the recent publicity about drugs, and the response of the politicians, is not just a temporary hype accompanied by a quick fix. Much more manpower and "buy" money is needed. But, most important to the successful reduction in the drug trade would be increased public support for more prisons, intensified education programs for young children, and a significant change in the public attitude toward drug use by role models. Only time will tell!

Recommendations

1. At all levels of government, a crash program should begin immediately of building new prisons, and converting other facilities to more prison beds.

2. Federal regional incarceration centers should be established. These centers should be equipped with a broad scale of drug rehabilitation programs.

3. All probationers who have a drug habit must accept rehabilitation treatment as a condition of probation and may not be released from probation unless they are certified as having kicked their habit; they are "clean" and have remained "clean" for at least 3 or 4 years.

4. All prisoners who are habitual users must be "clean" before they are released from prison.

5. The only ultimate cure for our drug problem is intensive education at the elementary school level, preferably in the 1st or 2nd grade. Educational efforts in the junior high schools and the high schools is simply too late.

6. Federal authorities should increase the percentage of forfeiture funds which are allocated to local police departments. As a condition of the allocation of forfeitures, the Federal authorities should insist that the funds be used by local governments for narcotics enforcement without corresponding reduc-

tions in the narcotics division's budget from general revenues.

7. Assigning law enforcement responsibility to the military would be in error. The military could improve the interdiction efforts of local law enforcement departments by sharing equipment and high technology with local departments.

8. The law must continue to ban the carrying of concealed weapons and the ownership of machine guns. There is no legitimate reason for the general public to own machine guns which pose a clear and present danger to the lives of law enforcement officers and the law abiding community.

Robert Scully
President, National Association of
Police Organizations (NAPO)

Ira M. Lechner
Legislative Counsel, National
Association of Police
Organizations

Senator D'AMATO. Thank you, Mr. Scully.

Let me first say that I am deeply appreciative of the fact that Chairman Biden arranged for these hearings and has a series of them scheduled so we can attempt to build citizen awareness and get them involved because it is the only way some of my colleagues are going to move.

They wait until election time, unfortunately, and then there is this great stir. After the election, unfortunately, some fade. I might note that that has not been the case with Chairman Biden and Senator DeConcini and other members of this Caucus who are truly, truly committed.

The Senator is speaking on the issue of INF, and that is why he is not here to participate at this point in time on the panel, but I have a number of questions that he has asked me to ask each of you. In the interests of time, I am going to ask that you submit your replies in writing to us. We will put written questions to you and they will be made part of the record, so I am deeply appreciative of your cooperating with us in that endeavor.

[The following was subsequently received for the record:]

RESPONSES OF ROBERT AUKERMAN TO QUESTIONS
SUBMITTED BY SENATE CAUCUS

QUESTIONS

1. IN PASSING THE ANTI-DRUG ABUSE ACT OF 1986, WE SOUGHT TO DEAL WITH THE DRUG PROBLEM IN A COMPREHENSIVE MANNER. ALTHOUGH PROVIDING FUNDS FOR DRUG TREATMENT PROGRAMS MAY NOT BE AS POPULAR PROVIDING MONEYS FOR LAW ENFORCEMENT, WE RECOGNIZED THAT ANY EFFECTIVE DRUG CONTROL STRATEGY MUST ASSIST THOSE WHO HAVE ALREADY FALLEN PREY TO THE LURE OF DRUGS.

A. WHAT IMPACT HAVE THE PREVENTION AND TREATMENT PROVISIONS OF THE ANTI-DRUG ABUSE ACT HAD ON TREATMENT PROGRAMS AT THE STATE AND LOCAL LEVEL?

B. ONE OF OUR GOALS WAS TO CUT THE WAITING LISTS FOR TREATMENT PROGRAMS DOWN TO A REASONABLE LEVEL. AS MAYOR BERKLEY TESTIFIED, WAITING LISTS CAN BE AS LONG AS SIX MONTHS. HAS THE EXTRA FUNDING IN THE 1986 DRUG BILL HAD ANY IMPACT ON THE LENGTH OF DRUG TREATMENT WAITING LISTS?

C. STATE AND LOCAL TREATMENT FACILITIES HAVE NOT BEEN ABLE TO TAKE OPTIMUM ADVANTAGE OF THE EXTRA FEDERAL FUNDING BECAUSE FEDERAL REGULATIONS PROHIBITED THE USE OF FUNDS FOR CONSTRUCTION -- THUS LIMITING THE ABILITY OF RESIDENTIAL PROGRAMS FROM EXPANDING CAPACITY. I ALSO UNDERSTAND THAT THE FEDERAL GOVERNMENT WAS CONSIDERING AMENDMENTS TO THESE REGULATIONS. HAS ANY PROGRESS BEEN MADE?

2. IN OCTOBER 1987, YOUR ORGANIZATION PREPARED A REPORT ON 20 EXEMPLARY DRUG TREATMENT AND PREVENTION PROGRAMS. THIS REPORT WAS PREPARED IN CONJUNCTION WITH THE FEDERAL OFFICE OF SUBSTANCE ABUSE PREVENTION, WHICH WAS CREATED IN THE ANTI-DRUG ABUSE ACT OF 1986. HOW SUCCESSFUL DO YOU THINK THE OFFICE OF SUBSTANCE PREVENTION HAS BEEN IN COORDINATING FEDERAL AND STATE/LOCAL PREVENTION AND TREATMENT PROGRAMS? COULD YOU PLEASE GIVE SOME EXAMPLES?

3. COLORADO HAS AN EXCELLENT REPUTATION FOR HAVING A CENTRALIZED SYSTEM TO CHANNEL FEDERAL BLOCK GRANT FUNDS TO LOCAL LAW ENFORCEMENT, PREVENTION AND TREATMENT PEOPLE. I HAVE EVEN HEARD THAT THE PRIVATE SECTOR HELPS PAY THE SALARIES OF PEOPLE WORKING FOR AN ORGANIZATION CALLED THE "COMMUNITIES FOR A DRUG-FREE COLORADO."

QUESTION: CAN YOU DISCUSS THESE INITIATIVES?

4. AS A REPRESENTATIVE OF NASADAD, CAN YOU COMMENT ON PROPOSALS TO CHANGE THE FORMULA FOR ALCOHOL, DRUG ABUSE AND MENTAL HEALTH BLOCK GRANTS.

I UNDERSTAND THAT THESE PROPOSALS TO CHANGE THE FORMULA WOULD CUT MANY STATES' ALLOTMENTS. I ALSO UNDERSTAND THERE ARE LEGISLATIVE PROPOSALS THAT WOULD CONSOLIDATE $162,800,000 OF EMERGENCY TREATMENT MONEY INTO THE EXISTING BLOCK GRANT, WITH HALF OF THESE FUNDS DISTRIBUTED TO MENTAL HEALTH PROGRAMS, THUS DILUTING THE STATES' EFFORTS TO RESPOND TO THE DRUG ABUSE CRISIS.

ANSWERS

1. A. The National Association of State Alcohol and Drug Abuse Directors believes that the prevention and treatment provisions of the Anti-Drug Abuse Act of 1986 will have a very positive impact on treatment programs at the State and local level. Not only will the additional funding assist in providing treatment services to more people, but the attention to alcohol and drug abuse issues brought about by the Act has caused more attention to be focused on the critical treatment needs. With continued Federal funding of the programs in the Act, State and local communities will have a greater opportunity to meet the increasing demand for services on an ongoing basis.

B. We believe that the treatment and rehabilitation funds provided by the Anti-Drug Abuse Act will assist in reducing the waiting lists maintained by many alcohol and drug treatment programs. However, because of the previous funding cuts that occurred in FY 1981 through FY 1986 and increased demand for services, this new money will not completely solve the problem in one year. For this money to be truly effective in enabling States and local communities to provide more services, its future needs to be made secure by the Congress. Shortly after the passage of the Anti-Drug Abuse Act, the President proposed no new funding for FY 1988. It was not until Congress finalized the FY 1988 funding levels in late December 1987 that the State Directors were assured that these treatment and rehabilitation funds would continue. Without the continuation of these monies, States and local communities would again be unable to meet the demand for services.

C. Regarding the prohibition on using the Alcohol, Drug Abuse, and Mental Health Block Grant and the Alcohol and Drug Treatment and Rehabilitation funds for capital construction, discussions have taken place with Federal agency and Congressional officials about the possibility of amending this restriction. To my knowledge, there are no specific amendments currently considered by the House and Senate authorizing committees. In a recent letter to one of our State Directors, Robert Tractenberg, Deputy Administrator of the Alcohol, Drug Abuse and Mental Health Administration, stated that the prohibition "does not, however, preclude a service facility including in its reimbursement arrangement with the State ADMS or ADTR Agencies the costs associated with retiring debt resulting from capital purchases or improvements."

2. The Office for Substance Abuse Prevention's (OSAP) primary goal is to help prevent alcohol and other drug use by youth. As such, OSAP is responsible for sponsoring regional workshops, coordinating the findings of prevention research, conducting prevention training, technical assistance, data collection and evaluation. Despite the typical organizational problems involved with setting up a new Federal agency, OSAP has made good progress in developing activities to meet its goals. In addition to the selection of 20 Exemplary Alcohol and Drug Abuse Prevention programs which the National Association of State Alcohol and Drug Abuse Directors participated, OSAP has initiated a new Clearinghouse for Alcohol and Drug Information which provides information to the public about research and activities. OSAP staff have also provided technical assistance to the administrators of the 131 high risk grant programs which received OSAP funding through large conferences for all grantees and through individual contact with States and local communities. Additionally, OSAP is currently providing support for a National Conference on Prevention Research which is being planned by the National Association of State Alcohol and Drug Abuse Directors to be held in March, 1988. OSAP has made a good effort at coordinating alcohol and drug abuse prevention activities and will continue to provide worthwhile assistance and leadership with ongoing support and funding by Congress.

3. In Colorado, the Governor has spearheaded an effort called "Communities For A Drug Free Colorado" which seeks to involve State and local law enforcement, prevention, and treatment individuals and organizations in the coordination of alcohol and drug abuse related activities. In this regard, the initiative has been successful in attracting wide support from the public as well as from the business community. An Executive Council composed of private industry leaders, directors of private foundations and key State agency directors assist the Governor in establishing broad policy for implementation of community-based programs. Private industry and private foundations contribute to the personnel costs within the office of the Governor. Pre-existing advisory boards for both alcohol and drug abuse and criminal justice are jointly involved in the review of all applications for funding.

4. As you know, both the House and Senate are currently considering legislation to renew the Alcohol, Drug Abuse and Mental Health Block Grant program. One of the major provisions is the implementation of a new formula to distribute the funds to the States. While a new formula would benefit some States, others would lose funds. The National Association of State Alcohol and Drug Abuse Directors (NASADAD) recommends the continuation of a "hold harmless" level to permit States to maintain current services with the addition of a new equity formula to be phased in over a reasonable amount of time. With any distribution formula, it is imperative that sufficient funds be provided to permit all States to meet their treatment demand. NASADAD is particularly concerned that with the Senate proposal to maintain one block grant with alcohol, drug abuse and mental health services, the emergency treatment money will be added to the block grant and will lose its separate identity. Language in the current reauthorization bill would maintain the 1987 proportion of alcohol and drug abuse funding to mental health funding, thereby continuing the earmarking of the $162.8 million for drug treatment and rehabilitation. NASADAD believes that the treatment and rehabilitation funds provided by the Anti-Drug Abuse Act should continue to assist the States and local communities in addressing the critical treatment needs of alcohol and other drug abusing persons.

Senator D'AMATO. Let me say to Don Skawski, I was very interested in your program because you certainly have demonstrated by the statistics that you have given and the exuberance by which you have expressed yourself the kind of commitment that can make a very real difference.

You had over 100 students annually that were coming in being reported for drug and alcohol abuse, seventh and eighth graders, that is 10 percent of the student population and that number has come down tremendously and you have seen a whole turnaround in your school and in those young people. I think that is the kind of thing we have got to be doing more of.

Let me ask you something. In terms of dollars, in terms of resources, in terms of what it took, what efforts did it take to make that come about? Is it a big-dollar program?

And let me pose this to you. It seems to me that many of our people in our educational institutions do not want to become involved, because if you have got that kid in crisis, where do you refer him or her? What do you do? Where are the resources? Do you develop the capabilities from within?

There are many, many school districts, where it is only when that child becomes disruptive that they intercede, and then only out of necessity. So I would like you to comment on that.

Mr. SKAWSKI. Is the question what do we do when we know we have a hardcore user?

Senator D'AMATO. What do you do when you have that kid who has a problem? What have you set up? Have you set up a network for referral, for treatment, for counseling?

Mr. SKAWSKI. OK. If the student is already a drug addict or an alcoholic, the schools are ill-equipped to deal with that individual. That is a small number of students. Most of the students are in the nonuser, experimental, or recreational user category, and that is primarily what prevention is dealing with.

The intervention—when we have a student who is in deep trouble, we deal with that through social services, Camelback Hospital, other hospitals, other psychologists who provide their time to us on sliding scales.

We go out and knock on doors and tell them that, you know, we represent the community and I have got a family that needs counseling, I have a student that needs counseling, but they are flat broke and I do not have any money. What can you do to help? Just as I go to McDonald's when we have a retreat and ask for hamburgers for nothing, I do this with psychologists.

The schools do not in our State, anyway, have strong intervention programs dealing with kids who have already gone off the deep end, but we do have quality programs that deal with kids that can delay the use of a lot of these chemicals.

Senator D'AMATO. Senator DeConcini has asked me to put to you—unfortunately, he has had to go on to another committee—a number of questions. What ingredients make the drug education program at your school, Greenway Middle School, so successful? Is the commitment of teachers and parents vital to that program? Is that where you start?

Mr. SKAWSKI. Certainly, it is the buy-in factor. You cannot do drugs on Tuesday and do spelling on Wednesday. It is not a 3-

lesson thing or a 20-lesson thing or 5 minutes a day. It has to be interwoven into the total curriculum. It is in our lunchroom, it is on our buses, it is in our athletic programs.

We ask every coach to give up one day of practice to have a team of counselors come in and work with them and set goals for the season for wins and losses, but to set goals to remain drug and alcohol-free during that season. It exists every place we are.

I cannot talk to a kid about smoking and have a pack of Marlboro in my pocket. We need to be good models. We need to be examples for the students, too.

Senator D'AMATO. The Senator asks a very interesting question. He poses the question, what should be the role of the Federal Department of Education in drug education at the local levels?

That is often the question—you have heard it posed. You have heard Dr. MacDonald make his statement, and I think he left something out there when Senator Graham put forth to him the idea that the Federal Government, should build the best model so that you can really be an exemplary force.

So let me ask you again, what role should they be playing in drug education at the local schools?

Mr. SKAWSKI. Well, I am torn between my roots being with Hubert Humphrey in Minnesota where I was raised and now being influenced by Goldwater in Arizona as to the role of the Federal Government.

But I think the role that has been undertaken is a good one; it is a very good one. I think that there is a pretty good relationship now in the funding process and the money is at least floating down to our schools in the State of Arizona.

I think they could do a little more with taking the good examples, whether they be in community-based programs or school-based programs, and promoting those. I know that they are spending $5 million to make three films on drug prevention. Well, maybe $5 million diverted to promote a dozen programs that are very successful around the country and make those available so we do not have to reinvent the wheel might be some very good use of that money, instead of just throwing it out and saying find a way to spend it. I sometimes feel that I have a fear that that happens.

Senator D'AMATO. The Senator poses a thorny question. He says one suggestion made in the field of education is that drug testing should be mandatory for all teachers and principals. Do you agree?

Mr. SKAWSKI. No.

Senator D'AMATO. All right. At least you answered it.

Let me ask you this. If you were to make an assessment as to what poses the greater danger, would you say it is the marijuana use or the drug use, or is it alcohol that you see a greater problem with as it relates to the youngsters in seventh and eighth grade?

Mr. SKAWSKI. In our community, it has been interesting. If you asked me that question——

Senator D'AMATO. Have you seen a rise in alcohol use by youngsters?

Mr. SKAWSKI. Yes. It has moved from marijuana being the major problem, at least from my perception in our community, to alcohol.

Senator D'AMATO. I would make the same observation. I think wherever I go in Long Island, where I live, and in the upstate communities, and I think probably throughout the Nation, we are asleep at the switch, parents, educators, law enforcement people, in not recognizing the pervasive use of alcohol by younger and younger people. The age is moving down.

And these are good kids. They score well in school, from middle-class families, and they are increasingly moving towards that alcohol use.

Mr. SKAWSKI. I think there is even, you know, some involvement with parents who provide—I can remember calling a parent a few years ago to tell them that I had found their son with a bottle of beer in the lunchroom, and the response to me was, oh, gosh, I thought it was something serious like drugs. I think that attitude is an educational one as well and needs to be dealt with.

Senator D'AMATO. Bob Aukerman, I have a letter here addressed to me that relates to the problems that some of the therapeutic communities are having as it relates to the utilization of the block grant funds. That money cannot be used for capital expansion and improvement.

It has been suggested that this has really made it rather difficult and that if these funds could be used for more than just treatment, hiring of personnel, et cetera, it certainly might be very much more beneficial to those treatment modalities.

What are your feelings as it relates to that? Should we provide and make possible the utilization of block grant funds for plant improvement?

Mr. AUKERMAN. I think if we want to expand the capability—and by that I mean the resources of the therapeutic community, which is perhaps the longest-term, most intensive residential kind of drug treatment available—it is going to be very difficult to expand that capacity without allowing for the use of Federal block grant funds for capital improvement and expansion.

Senator D'AMATO. You think they should be?

Mr. AUKERMAN. I think there is a group of clients, of drug addicts, who also for the most part have considerable criminal histories, where that kind of long-term resocialization, if you will, reworking of the individual over a 1- or 2-year period of time, is the only thing that we have found to be successful at all.

So if we are really going to address rehabilitation for that group of clients, I think we need to expand the therapeutic community capability.

Senator D'AMATO. And failing to do that, obviously, the cost to the community upon their release and their return, let us say, to the life of crime and drugs is going to constitute an increasing burden and cost.

Mr. AUKERMAN. Right, or even just their cycling through other kinds of treatment which are not effective for that population.

Senator D'AMATO. Let me ask you to all wind it up with a minute apiece, and keep it down to that. If you were going to make one observation as to what we should be doing, those of us on the legislative side, what would be your major priority in terms of us attempting to deal with the problem at hand?

I know that is a tough one. Cornelius is laughing.

Mr. BEHAN. That is a tough question in one minute, but let me suggest a couple of things. I heard a lot of discussion about the National Drug Policy Board. It is supposed to be very important in this country. Yet, there are no local chiefs on that, and the largest part of our problem is on the local level, certainly in the cities. It seems to me that the locals ought to be considered for that Policy Board.

I think if we were talking about any one thing that you might agree upon, it is that the funding shortages in the drug problem are enormous. The local level needs them badly, and if somehow we can stop cutting and somehow start adding, it would be a great boon to us.

There are many other things I could add, but that would be in one minute.

Senator D'AMATO. Thank you.

Bob.

Mr. AUKERMAN. Well, I would just like to underline that. At the local level, I think we have some opportunities now to do a better job of getting people working together and talking with each other, and where we have enforcement and educators and treatment and prevention professionals working together and identifying local problems, I think we have a much greater chance of not only initial successes, but of involving private business and others in ongoing programs. I think the omnibus drug abuse legislation provides that opportunity.

Senator D'AMATO. Thank you.

Bob Scully.

Mr. SCULLY. To make it very short, I think the key word is "funding." Without funding, everything we are talking about here is down the drain; it is not possible. So you have to have the money.

Senator D'AMATO. Continuation of the law enforcement assistance program, the emergency programs, et cetera?

Mr. SCULLY. Exactly. Do not put out a one-time smokescreen and give some money to the cities and to the States and then a year later it is gone. It has got to be continuous until this problem is solved, and it is going to be long term.

Senator D'AMATO. Thank you, Bob.

Sterling.

Mr. JOHNSON. I agree. Even when there is funding available, somehow we who are out there do not get it. As I said, I was amazed to find out that of $11 million, only $435,000 has been awarded to the great State of New York.

The other thing I think we need, and it is evident during these hearings, is the fact that there is no coordination. There are so many agencies available around in this drug abuse area.

I do not know whether you would call him a drug czar, but there should be some coordinated, unified government person or agency to coordinate the Federal Government's response to the drug problem.

I would like to add one particular thing. I said that I would do this and make it a matter of the public record, and that is the plight of the FBI agents, at least in New York. I work very, very closely with the FBI and they are making some tremendous cases up there, but they have a problem that does not take any money to solve.

What happens is that you have young FBI agents who come to New York who make less money than the entering New York City police officer, and we have some FBI support personnel who are on welfare receiving food stamps.

What this requires, and the moneys are available, is for the Department of Justice to put their stamp of approval to allow these people in New York to get additional funds to help them. So I would appreciate any help you could give them in New York.

Senator D'AMATO. Thank you, Sterling. I know that is a great problem. The director in the New York office, who will be leaving, who will be retiring, sadly, so it is not a case that he is making out for himself, but rather for the institution and the effective operation of the FBI has made some very pointed remarks that really cry out for some action on their part.

I am going to ask staff to look at this very carefully to see what we can develop to give some flexibility even within the budget constraints that we have to see if we cannot address this problem.

Mr. JOHNSON. That is right. Thank you very much.

Senator D'AMATO. Thank you.

Principal Don.

Mr. SKAWSKI. OK. I think just maintaining the realization of the importance of demand-side programs, and then no new funding, but taking some of the present funding and maybe trying to highlight some of the programs that are in the cities, communities, and schools that are in the fast lane and distributing those throughout the United States; we do not need to reinvent the wheel.

Senator D'AMATO. Let me ask you a quick one. The alcohol problem, is it developing before sixth and seventh grade?

Mr. SKAWSKI. Yes. I think at least fourth-grade programs need to start, and maybe sooner.

Senator D'AMATO. Fourth-grade programs.

Mr. SKAWSKI. The average age of a smoker has dropped from age 14 to age 10 in the last 10 years.

Senator D'AMATO. So you have some youngsters who are coming into your system who are in seventh and eighth and who are already imbibing?

Mr. SKAWSKI. Certainly. The kids are exposed to drugs, in a survey that is done at the national level, at the fourth grade level. That is the first time they are exposed to being offered and having to make choices, so by the time we get them it is often too late.

Senator D'AMATO. On behalf of the Chairman, I want to thank all of you for coming and for being so patient and for sharing with us your insights in this area that is most critical, the dimensions of which we do not really want to admit to ourselves.

It is a great problem, and I think, really, we need some more determined effort, some effective effort. Even in using and utilizing the resources that we have and seeing to it that there is a distribution of those funds, it takes a greater commitment, more coordination, some real leadership, some dedication to it we need continuity of funding, and we could begin turning things around.

I think in our educational areas we have been absolutely, totally remiss, and that is in the private sector, in the employee assistance programs. We are just kidding ourselves as it relates to the drug and alcohol abuse problem that this Nation is beset with. We are beset with an incredible problem.

But I thank all of you for your participation and certainly for your great patience.

We stand in recess.

[Whereupon, at 1:39 p.m., the Caucus was adjourned.]

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